VS A15 9-45-4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

Reg.	Diat.	No.	6
41	n/Pel	N O	/
0	IC S	m	n.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
VVIIII)	State Md. county Allegany
City or town Westernport (If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 55 XTS Rospital, institution, or street address where death occurred:	
326 Front	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Moses Lorenza Dow Albright 4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	2/3-01-9025
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE OF DEATH June 14, 19 46, 21 6:20
B.(6) Name of husband or wife. Sara Albright	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of	QUI 1946 10 Jee 1946
7. Birth date of	and that I last saw handlive on the same alive on 19.4
deceased (mo., day. yr.) Oct. 27, 1872 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
73 7 17hrsmtn.	Carlesdura
9. Birthplace. Augusta-Hampshire-W. Va.	A. T.
9. Birthplace	middlessfring bolan
10. Usual occupation Clerk	
Clothing Store	Due to
	Dither conditions.
12. Name Samuel Albright 13. Sirthplace W To	
	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace W. Va.	Oate of op.
16. Informant Mrs. Dow Albright	Autopsy results
Address totale 336 Front St. Whiting Park	
Burial Date thereof Time 17 46 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Philos	Where did injury occur? (City or town) (County) (State)
Location Westernport, Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director Fllsworth S. Boal	Means of Injury Injured at work?
Address Westernport,d.	LOOK / man
A 11 Bloom when the Room Day	23. SIGHATURE M. D. or other
19. Mate rec'd by registrar) Registrar	Address aleksenfunt M. Dato signed 6/14/46

JUN 19 1946
BUREAU V S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0



Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County again	(For newborn infants give residence of mother)
	State Maryland County allegans
City or town	(h) D toursel
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Instilution, or street address where dealth occurred:	(12 outside city of court intition, white are actually mind give medical courty
mospital, institution, of cities, desired with a series and a series a	Sireet No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
3. (a) PULL NAME M. O.	3. (b) Social Security Number
The state of the	lala Mana
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	- www
J. Sel J. Color of Face O. Carolingto, married, widowed, of disorded	MEDICAL CERTIFICATION
make white married	(esse 22/1/6 2'16P.
March 11 11 11 11 11 11 11 11 11 11 11 11 11	20. DATE OF DEATH
many b	21. I CERTIFY that death occurred on the date above stated; that valtended disceased from
8.(b) Name of husband or wife	Mar. 15. 46. Dun 24. Ul
	13.71.10.
7. Birth date of	and that I last eaw karmalive on 18. X
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Onths Days If less than one day	71-000000
77 11	
/3 //nrsmin.	
Charen Ridge med	Queralino la Janea la consi- Como
9. Birthplace (Town, county, apartate)	Due to.
mail less sur	
10. Usual occupation.	Que to Chronic Stophulas Syrs
11. Industry or business The Alexen	
al distribution of business (1)	,
# 12. Name Pette attached	Other conditions
13. Birthplace	
a 10. Drilliplace	(Include pregnancy within 3 months of death)
= 14. Maiden name / Dame study	
5 2 4	Major findings of operations.
15. Birthplace	Date of op.
mail Malli a Mildita	
18. Informani	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Old Man. Tuel	PRISICIAN: Flease underrine the cause to which death should be charged statistically.
b il	22. VIOLENCE: If death was due to external causee, fill in the following:
17 Date thereof June 27 174	Accident, suicide, or homicide
(Buriai, cremation, or removal, Which?) (month) (day) (year)	
Cemelery or crematory	Where did injury occur?
1014	
Location Location	Injured at home, farm, Industry, public place (where?)
1. 10	Mesns of Injury Injured at work?
18. Funeral director.	
was Co held 5	as & turns
Address Custoliand Ind	23. SIGNATURE CONTRACTOR
On 20 m. Posta las	M. D. or other
19 YUML 20 1946 TUOLUI OTOMINO	June June 74, 198





CERTIFICATE OF DEATH

ora & OHOMO LE	R		DEPARTMENT OF HEALTH (5502)
		CERTIFICA	TE OF DEATH Reg. Diat. No
City or lown	MBERLAND side city or town limi death? reet address where dec	ts, write RURAL and give nearest town) ath occurred: AL. DAYS	State County County County County County County County County or town MT • SAVAGE (If outside city or town limits, write RURAL and give nearest town) Street Nu. (If rural, give LOCATION)
3. (a) FULL NAME			3. (b) Social Security Number
	MINNIE A	LDRIDGE 6.(a)Single, married, widowed, or divorced	Tone
FAMELE	WHITE	MARRIED	MEDICAL CERTIFICATION JUNE 23, 46, 7:45
		ARD ALDRIDGE 6.(c) If allve, give age 7.]ea	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.)	P EdD	. 0, /88/	and that I last saw h.C.C. alive on
8. AGE: Years	Months 2	Days If less than one day	" Circlard Henry Strye 70
10. Usual occupation 11. Industry or business	HOUSEWIF	unty, and state)	Due to. Due to. Due to.
12. NameWIII	LIAM POL	LOCK	
~!	MARY SCHU	TZ.	(Include pregnancy within 3 months of death) Major findings of operations.
	MARYL		Date of op.
		SPITAL	Antopsy results
17(Burial, creination, o	IMBERLAND	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or cremalory.	The !	base and.	Where did injury occur?
18. Funeral director	(///	Mung	Means of Injury Injured at work?
19. Date ree'd by regis	24,1946	J. P. Nauklin, M.	23. SIGNATURE B. Schmiller Vr. M. D. or other Address 4 Invenely Date signed we



this was not coest of the first interest to

Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore B. CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County ALLEGANY State LARYTAND County ALLEGALLY (If outside city or town limits, write RURAL and give nearest town) CILIBURIALD LD. (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death?.... Hospital, institution, or street address where death occurred: MEMORIAL HOSPICAL OR 304 CRAWINGING SOCATION CITY How long in hospital or institution? 266 DAYS 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number ARBOGAST. JOSEPH PATRICK 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i RGIN RESERVED FOR BINDING SINGLE WHITER MALE 21. I CERTIFY that death occurred on the date above stated. Thet I attended deceased from B.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: 10. Usual occupation.... 11. Industry or business 12. Name ARBOGAST (Include pregnancy within 3 months of death) PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Accident, suicide, or homicide..... (Burial, cremation, or removal Which?) Where did injury occur? (City or town) (Connty) Injured at home, farm, Industry public place (where?) injured at work? Meane of Injury

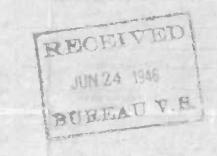
(State)

BUREAU V.8

2411 N. Charles St., Baltimore 93-2 CERTIFICATE OF DEATH



1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Allegany
(If outside city or town limits, write RURAL and give	e nearest town)
How long in above place of death?	City or town 1 mi Fast of Westernport (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	31(CS1 19U
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carol Zine Biddl	
4. Sex 5. Color or race 6.(a) Single, married, widows	MEDICAL CERTIFICATION
Female White Widow	20. DATE DF DEATH. 19. June 19. 46. at 11 p. M
6.(b) Name of husband or wife	21. ICERTIFY that death occurred on the date above stated; that I attended deceased from
	live 1 wo 46 is leave 14 1970
7. Birth date of	ge years and that I last saw h. examine on lessed 18 19 46
deceased (mo., day, yr.) 21 May 1863	Impediate cause of death DURATION
8. AGE: Years Months Days It less than o	Son gle line beart faiture 3 days
83 0 28hrs	smin.
9. Birthplace Baltimore Baltimore Ma (Town, county, and state)	ryland Due to Klyperfersen 10 yrs.
1D. Usual occupation Housewife	
11. Industry or business Own home	Due to
買 12. Name Charles Biddle	Diher conditions
and the state of t	
Mot lesson	(Include pregnancy within 8 months of death)
	Major findings of operations.
14. Malden name Not known 15. Birthplace not known 15. Not known	Date of op.
16. latormant Mrs Calvin Arnold	Autopsy results
Address Westernportm Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17	Date of
Cemetery or crematory Philos Cemetery	
Location Westernport, Marylan	
18. Funeral director Ellsworth S. Boal	
Address III Church St., Western	# 1 / A3. SIGNATURE
19 Selve 72 18 46 Magin	Registrar Address Prediction W. Ca Date signer to 24/46



2411 N. Charles St., Baltimore 1254)

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CERTIF	ICATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	state Maryland County Allegany
Charlotte Isabelle	Billmyre None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF DEATH June 19, 19 46, at 4:50 Am
8. (b) Hame of husband or wife William Billmyre 5. (c) If alive, give age	19 to
9. Birthplace	Due to.
12. Hame. Jefferson Cozad 12. Hame. Jefferson Cozad 13. 6irthplace W. Va. 14. Maiden name. Lydia Helms 15. Birthplace W. Va.	(Include pregnancy within 3 months of death) Major findings of operations. Dale of op.
16. Informant William Billmyre Address 418 Columbia St. Cumberland.	Antopsy results
17. Burial Dale thereof June 21, 1 (Burial, cremation, or removal. Which?) (month) (day) (y Cemetery or crematory HillCrest Burial Park	22. VIOLENCE: If death was due to external causes, till in the following:
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Charles L. George Address Cumberland, Md. 10. (Date rec'd by registrat)	M. D. or other Address M. D. or other Bate signed Address M. D. are signed M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

RECEIVED
JUN 25 1946
BUREAU-V E

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legibly:

causes

important.

WRITE

PLEASE

(Date ree'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Richard

. Date signed 49

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) City or town. (Moutside city or town limits, write RURAL and give nearest town Hospital, institution, or street address where death occurred: Street No. (If rural, gire LOOATION) How long in hospital or institution?. 2.(a) It veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number 2-10-6 5. Color or race 4. Sex MEDICAL CERTIFICATION 21. A CERTIFY that death occurred on the date above stated; that attended deceased from B.(b) Name of husband or wife..... S.(c) If alive, give ageyears 7. Birth date of dcceased (mo., day, yr.) Months Days 8. AGE: 9. Birthplace... 10. Usual occupation. 00 11. Industry or business 13. Birtholace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Maiden name. RHYSICIAN: Please underline the cause to which death should be charged statistically. Dale thereot. Accident, suicide, or homicide, (Burial, cremation, or removal. Which) (month) (day) Where did injury occur? (State) (City or town) injured at home, farm, industry, public place (where?) Location ... x. 19. Funeral director M. D. or other

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JUN28 1946
BUREAU V.B.

(1) MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a CERTIFICATE OF DEATH ARRAM

U	U	Y	U	-	1
	Die	e. 1	No.		4

City or town			carest town)	State County County City or town CUMB FRIAND MD (If outside city or town limits, write R Street No. 610 MARYTAID AV. (If rursl, give LOCATE
	slitution?	DAYS		2.(a) It veteran, name war
3. (a) FULL NAME				3. (8
	LESTER 1	6.(a)Single, married, widowed,	or divorced	
				MEDICAL CERTIF
MALE	WHITE	MARRIED		20. DATE OF DEATH JUNE 3, 1946
(b) Name of husband or	wife HINK	LE, DAISY P	ARI	21. I CERTIFY Wat death occurred on the date above stated:
			67 years	3/15/46 19
7. Birth date of deceased (mo., day, yr.)				and that I last saw hammalive on
8. AGE: Years	Months	Days If less than one	day	Immediate cause of death
63	11	- 1		Charlie interstitial me shrit
12. Name	WARD, LEGIARD MOCK, MA	ES AND JEWE		Other conditions
· · · · · · · · · · · · · · · · · · ·	- 1	Boward Cumberla	/	Autopsy results
17 Burial (Burial, cremation, o	r removal, Which?)	Date thereof Tune 6	1946 (day) (year)	22. VIOLENCE: It death was due to external causes, till Accident, suicide, or homicide
	72 . 1/.//	Cemetery		
Cemetery or crematory	11000 11111	Let Mintellie & South States graft		Where did injury occur?(City or town)
	1 1 1	Md;		Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?)

death)

should be charged statistically.

the following:

(County) (State)

njured at work?

Date signed.



2411 N.	Charles St	., Balt	more	60
CERTIFI	CATE	OF	DE	ATH

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		-	-
les.	Dist.	No.	4

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County 7/124471 City or town County 62744 (If outside city or town limits, write RURAL and give nearest town)
113 Decatur	Sireel No. 1/3 Decatur 5t (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Susan G. Brookey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 1 Vidowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 80. N
6.(6) Name of husband or wife. Frank Brookey 8.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.). February 24, 1844 8. AGE: Years Months Days it less than one day 8. AGE: 3 14	and that I last saw h alive on 19. Immediate cause of death and a color of the col
9. Birthplace Mean Structure of War Gunty, and since of War 10. Usual occupation	Due to. Chrame Teffinds By
12. Name Tames Blue 13. 8irthplace Ronney W. Va 14. Malden name Mary & Umstot	Other conditions
15. Birthplace Blaska, W. Va.	Major findings of aperations. Date of op.
Address 34 Weber St., Cumberland, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal. Which?) Date thereof. To a C 10 1946. (month) (day) (year) Cometery or crematory. To a C 44111 Cometery.	Accident, suicide, or homicide
Location Comes Ser Land, Mide	Where did injury occur?
Address Centrespend Duyd,	Means of Injury Injured at work?
19 June 10 19 46 J. P. Franklin, M. D.	23. SIGNATURE M. D. ac other / L

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE. VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

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Reg.	Dist. No	

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County 7/2 9 3 3 4 City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME New ton M. Carder 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	lone
M Married	MEDICAL CERTIFICATION 20. DATE OF DEATH TWO TWO TO THE STATE OF THE S
6.(b) Name of husband or wife Orpha Howel Carder 1. Birth date of deceased (mo., day, yr.) March 27, 1886 8. AGE: Years Months Days If less than one day 80 3 0 hrs. min. 9. Birthplace Old Lama Allegany, Md. (Town, county, and state) 11. Industry or business General stay 12. Name James Carder 13. Birthplace Old fown, Md. 14. Maiden name Tane Tange 15. 8irthplace Old fown, Md.	21. CERTIFY that death occurred on the date above stated; that I friended deceased from 19. 10. 10. 119. 15. Immediate course of death. DURATION Due to Due to Tibulation Die to Cincinde pregnancy within 3 months of death) Major findings of operations.
16. Informant	Autopsy results

JUL 5 1946
BUREAU V.B.

Aller Marie Wall and the State of the State

2411 N. Charles St., Baltimore 1440

05510

CERTIFICATE OF DEATH

			CERTIF	FICALE	OF DEATH		Rog. Dist. No.,		
1. PLACE OF DEATH	:	Alle	gany	2.	USUAL RESIDENCE (HC	ME) OF	DECEASED:		
					. Maryland	Coun	ty Allegan	<u>y</u>	
(If outside	de city or town l	imits, write I	RURAL and give nearest to		or town				
How long in above place of d	ealh?	35 168	irs						
Hospital, institution, or stre			Centre St	Str	eet No. 532 No.		ntre St		
How long in hospital or inst	itution?			2.(a) if veteran, name war		•••••••		*********
3. (a) FULL NAME							3. (b) Social Securi	ty Number	
	eorge (haru	19.8 le, married, widowed, or divorce	and III			None		
4. Sex 5.	Color or race	6.(a)sing					RTIFICATION		
Male	White		Widowed	20.	DATE OF DEATH June	30	1946	, at 5	P.
6.(b) Name of husband or w		em.	Gregory Char	ruker 21.	I CERTIFY that death occurred on	the date abov	e stated; that I attended d	eceased from	
		6.0	(c) tf zlive, give 6ge	years	that I last saw h im all de				
7. Birth date of deceased (mo., day, yr.)	Fel	ruary	2 1879						RATION
8. AGE: Years	Months	Days	If less than one day	Im:	nediate cause of death Strangulation	har 1	handing		SAITUM
67	4	28	hrs	min.	(suic				
			state) Greece	- 11	to			***************************************	
10. Usual occupation	*************	Shoe	Shop	1	10			1000× 500000000000	
11. Industry or business	Re	pairi	ng Shoes						
12. Name			ruhas		er conditions				
13. Birthplace			Sparto, Greec						
5			Bali		(Include pregnanc				
14. Malden name				Ma	jor findings of operations			,	
≤ 15. Birthplace			Sparto, Greece						
16. Informant	Christ	G. Ch	aruhas	Au	topsy results	44 - 4	at death should be show	ad atatisticali	
Address 532 No	rth Cent	tre St	Cumberland,	Ma -				ed statistican	y.
17 Burial (Burial, eremation, or			reof	1 22	VIOLENCE: If death was due to			6-30-	16
				(year) Acc	ident, suicide, or homicide	L.M.A.M.A.N.	AS Date of		4.0
Cemetery or crematory	R	ose Hi	ll Cemetery	Wh	ere did injury occur?C.uni	er town)	IdA.L.egan	y MG (State)	*************
Location	Cui	nberla	nd, Md.		ired at home, farm, todustry, publ	ic place (wh	ere?) at hom	e	
			ight		ans of Injury		Injured at work?		
Address	Cumber	rland,	Md.		H.W.Den	ing 1	T. D (1117)	Camana	MA
(lulas	11/	Q	Ptrall:	23.	SIGNATURE H.V.Den	17118 1	M.	D, or other	
Date rec'd by registr	19. 46	0	P. Franklin	Registrar	ress / 2.5 Bill	L K	Date sign	ed 6-30	-194

WRITE PLAINLY, WITH UNFARING MK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGEN RESERVED FOR BINDING

VS A15

PLEASE

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er. Dist.				

		CERTIFICATE	OF	DEATH
1	454	CERTIFICATE	OI	DLAIL

l;	5511,
g. Diat.	No. 4

		1454 CERTIFIC	ATE OF DEATH	Reg. I	Dist. No
1. PLACE OF DEA			2. USUAL RESIDENCE (HON (For newborn infants give residence)	AE) OF DECEASED);
County		legany	363		e.canv
City or town(If ou	tside city or town li	land mits, write RURAL and give nearest town)	····	.7	
How long in above place of	of death?	85 Years	(If outside city or to	wn limits, write RURA	L and give nearest town
Hospital, Institution, or	street address where	death occurred: y Unfirmary	Street No. 131. Polk S	rai, give LOCATION)	******************************
How long in hospital or	institution?	7. Months	2.(a) If veteran, name war		
3. (a) FULL NAME		Eleanor		3. (b) Soc	ial Security Number
	E	mma Elemer Chisholm		IV.	one
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDIC	AL CERTIFICA	TION
Female	White	Widow	20. DATE OF DEATH. Jur	ne 15	1946 , at 8-9
P (A) Name at huckand	e wife	Daniel Chisholm	21. I CERTIFY that death occurred on the		
		6.(c) It alive, give age	agre /		Sure 5
7. Birth date of deceased (mo., day, yr		rust 9 1853	and that I last saw he allve on	dun	2 / 5
8. AGE: Years	Months	Days It less than one day	Immediale cause of death	ONA	O DUI
92	10-	6hrs.	min.	- L peno	Dage
a Blethalosa Gr	antsville.	Garett Co. Maryland	Lew	alisa	2
			(Itterio	Dellar	000
10. Usual occupation	000000000000000000000000000000000000000	House	Due to		
11. Industry or business					
12. Name		Brown	Other conditions		
		sville, Md.	(Include pregnancy	within amonths of deat	h)
14. Maiden name		nor Brumbaugh	Major findings of operations	1/000	0
		ntsville, Nd.			te of op.
16. Informant	Mrs. B.	W. O'Rourke	PHYSICIAN: Please underline the car	are to which death show	ld be charged statisticall
Address 623	. Bedford	St. Cumberland, Md.	22. VIOLENCE: If death was due to ex		
17. Bur (Burial, cremation,			Accident, suicide, or homicide		Date of
Cemetery or cremator	, Rose I	Hill Cemetery	Where did injury occur?(City o	r town) (Co	onty) (State)
Location	Cumbe	erland, Md.	Injured at home, tarm, industry, public		
18. Funeral director	Wil	liam H. Kight	Maans of Injury	mjure	d at work?
1	Cumbe		51/	MI	•

JUN 25 1946
BUREAU V. A

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

	N.T	C1 1	C.	22 1.1	1
TIL	N.	Charles	St.,	Baltimore	(61)

CERTIFICATE OF DEATH

65512

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			116
			14
Reg	Dist.	No	

CERTITICA	Reg. Diet. No.
1. PLACE OF DETERMINE COUNTY. City or town.	2. IISUAL RESIDENCE (HOME) OF DECEASED: Of newborn infects give residence of mother) State
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL MANE John. Edward Cla	3. (b) Social Security Number
Male White Single married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 14 June 19 46, at 5 P. 1
6.(b) Hame of husband or wife 6leve M. Clauses 6.(c) If all ve. give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) fanuary. 27, 1873	and that I last saw h
8. AGE: Years Months Day If less than one day	Hyportenisters chaese
9. Birthpla Clery (County, and gate)	Due to Julius 3
10. Usual occupation.	Due to
12. Name	Diher conditions distribus welliting?
14. Maiden name La Chroa Glaffer 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations
E 15, Birthplace	Date of op.
Address Corresanville, md	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burlai, cremation, or removal Wilsch?) Date thereof June 17.194(groupth) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or comments to the Cose Still Location Comberland. Mile	Where did injury occur?
18. Funeral director Harvey & Jeigles	Means of Injury Injured at work?
Address Hyndman; M.	23. SIGNATURE W. alfred Va Oine
19 Mul S 19 46 4 Llang Wolfe Registrar) Registrar	110 5 Co X Op Cum Der other



Within corporate limits DR.E.E.B.OWENS

(H) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)



CERTIFICATE OF DEATH

× . 055134

				Reg. Dist. No.
1. PLACE OF DI	EATH:		2. USUAL RESIDENCE (HOME (For newborn infants give residen	E) OF DECEASED:
		20.347		County ALLEGANY
City or town	ontside city or town lin)? MD. nits, write RURAL and give nearest town)	CITIMIDITY	DT AND
			City or town (If outside city or town	REAND limits, write RURAL and give nearest town)
Hospital Institution, o	or street address where d	eath occurred:	Street No. 152 WINEOW	ST.?
Men	orial Ho	spiral WIN		, give LOCATION)
How long in hospital	or institution?	HOUR 55 MIN	2.(a) If veteran, name war	
3. (a) FULL NAM	EClara/			3. (b) Social Security Number
BAR	CIRL COI	LLINS		None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
FEMALE	COLORED	NEWBORN	20. DATE OF DEATH THE	19.467:1
# 45 Marin all bushes	d as with		at today that doth and a the de	ite above stated; that Tattended deceased from
			" Trine /	19 46 10 June / 19
7. Birth date of			and that I last saw h	June ///
deceased (mo., day	yr.) JUNE 1,	(Immediate cause of death	
8. AGE: Yea	rs Months	Days It less than one day	Frema	line with
		1 hrs. 55 _{mi}	n.	
and the section		Alleg. Cs., Marylan		
11. Industry or busine	988		Due to	
11. Industry or busine			Due to	
11. Industry or busine	288		Other conditions	
11. Industry or busine	288	COLLINS	Other conditions (Include pregnancy with	hin 3 months of death)
11. Industry or busines H 12. Name 13. Birthplace H 14. Malden name 15. Birthplace	GLADYS	COLLINS	Other conditions (Include pregnancy with	hin 3 months of death)
11. Industry or busines H 12. Name 13. Birthplace H 14. Malden name 15. Birthplace	288	COLLINS	Other conditions (Include pregnancy with Major fiadings of operations. Antopsy results.	nin 8 months of death) Date of op.
11. Industry or busines H 12. Name 13. Birthplace H 14. Malden name 15. Birthplace	GLADYS	COLLINS	Other conditions (Include pregnancy with Major fiadings of operations. Antopsy results.	hin S months of death) Date of op.
11. Industry or business and the state of th	GLADYS rfolk, VIR Memorial	COLLINS GINIA Hospital ud, nel.	Other conditions	to which death should be charged statistically.
11. Industry or business and the state of th	GLADYS	COLLINS GINIA Hospital ud, nel.	Other conditions (Include pregnancy with Major fiadings of operations. Antopsy results. PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide.	to which death should be charged statistically.
11. Industry or busine 12. Name	GLADYS rfolk, VIRO Memorial Luberla troi	COLLINS GINIA Hospital ud, nel.	Other conditions (Include pregnancy with Major fiadings of operations. Antopsy results. PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide. Where did injury occur?	to which death should be charged statistically. al causes, fill in the following: Date of Date of (State)
11. Industry or busine 12. Name	GLADYS rfolk, VIR Wemorial Linberla tion on, or removal. Which?	COLLINS GINIA Hospital Loginal Date thereof June 2, 1946 (month) (day) (year) TAL HOSPITAL	Other conditions (Include pregnancy with Major fiadings of operations. Antopsy results. PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide. Where did injury occur?	to which death should be charged statistically. Date of op. to which death should be charged statistically. Date of Date of Own) (County) (State) ce (where?)
11. Industry or busine 12. Name	GLADYS rfelk, VIRO Memorial Linuberla took on, or removal. Which?) tory	COLLINS GINIA Hospital Lockital Lockital Collins Ginia Ginia Lockital Collins Collins	Other conditions (Include pregnancy with Major fiadings of operations. Antopsy results. PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide. Where did injury occur?	to which death should he charged statistically. Date of Date of Date of Date of
11. Industry or busine 12. Name	GLADYS rfolk, VIR Wemorial Linberla tion on, or removal. Which?	COLLINS GINIA Hospital Lockital Lockital Collins Ginia Ginia Lockital Collins Collins	Other conditions (Include pregnancy with Major fiadings of operations. Antopsy results. PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide. Where did injury occur? (City or to injured at home, farm, industry, public play Maans of injury	to which death should be charged statistically. al causes, fill in the following: Date of
11. Industry or busine 12. Name	GLADYS rfilk, VIRO Memorial Linkeria took on, or removal. Which?) tory	COLLINS GINIA Hospital Late thereof Lune 2, 1946 (month) (day) (year) IAI. HOSPITAL	Other conditions (Include pregnancy with Major fiadings of operations. Antopsy results. PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide. Where did injury occur? (City or to injured at home, farm, industry, public play Maans of injury	to which death should be charged statistically. al causes, fill in the following: Date of
11. Industry or busine 12. Name	GLADYS rfolk, VIRG Wemorial Linberla tion tory MEMORIA MARIANO James	COLLINS GINIA Hospital Late thereof Lune 2, 1946 (month) (day) (year) IAI. HOSPITAL	Other conditions (Include pregnancy with Major fiadings of operations. Antopsy results. PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide. Where did injury occur? (City or to Injured at home, farm, industry, public pla Means of injury	to which death should be charged statistically. Date of op. to which death should be charged statistically. Date of Date of Own) (County) (State) ce (where?)

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2411 N. Charles St., Baltimore 990

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CERTIFICATE OF DEATH

H.			
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	
	County Allegary	State Maresland County	(10000000000000000000000000000000000000
	City or town	1. Allent	toing 1
	How long in above place of death?	(If pulside city or town limits,	write RURAL and give nearest (wn)
	Hospital, Institution, or street andreas where wath occurred:	Street No. 6.5 Careful (If rurn), give L	OCATION)
	How long in hospital or institution?	2.(a) If veteran, name war	
	3. (a) FULL NAME		3. (b) Social Security Number
	Mose Colosimo		none
11.	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
ľ	Temple White married,	20. DATE OF DEATH June 2	5 1946 1740 9
	6.(b) Name of husband or wife Phillips Colosius	21. I CERTIFY that death occurred on the date above	e stated; Ihal I attended deceaeed from
	5.(o) Name of husband or wife.	June 24 194	16 10 June 25 18 46
	7. Birth dale of Manual 21 1001	and that I last eaw h	~eU24 194\$
	8. AGE: Years Months Days If less than one day	Immediais cause of death	DURATION
	64 6 4 min.	Silalate	2 000
	#-0	Pure les	
l	9. Birthplace (Town, county, and state)	Due to. // perlan	NON
	10. Usual occupation Comparation	Due 10.	
	11. Industry or business Rome		
	12. Name	Dther conditions	
	13. Birthplace	(Include pregnancy within 3 m	onths of death)
	14. Maiden name. J. J. Slephise P. Northury 15. Birthplace London Euroland	Major findings of operations	
	15. Birthplace J London Jugland		Date of op
	16, Informant Catrick C. Colostikio	Autopsy results	
	Address Frontly ra Nd.	PHYSICIAN: Please underline the cause to whi	
	R. 1 1 10 11 28 1946	22. VIOLENCE: If death was due to external caue	
	(Bariai, cremation, or responsal, Which?) Date thereby (month) (day) (year)	Acciden1, suicide, or homicide	
	Cemetery or crematory	Where did injury occur?(City or town)	(County) (State)
	Location Trestling, Md. C	Injured at home, farm, Industry, public place (who	
	18. Funeral director. A. R. Durst	Meane of Injury	Injured at work?
	Address Danthero Mada	1120mc	Tang to my
	6-26 46 MIL Vallage Al. An	23. SIGNATURE	M. D. or other
	(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Most very	mg Dale signed 6-26-4

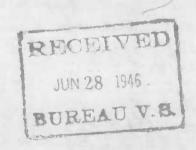
MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, WITH UNI

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legibly.



MADVIAND STATE DEDADTMENT OF HEALTH

2411 N. Cha	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
PEARL V. COMMER 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(a) Single, married Married	MEDICAL CERTIFICATION dem
8.(6) Name of husband or wife Joseph Commer 6.(c) If allve, give age year 7. Birth date of deceased (mo., day, yr.) July 5, 1897	20. DATE OF DEATH 21. I CERTIFY hat death occurred on the date above stated: that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days It less than one day	Drowing
11. Industry or business 12. Name	Other conditions
Anna Deneen 14. Malden name Penna. Penna. Mr. Virgil Emerick Address 224 Emily St. Cumberland, Md.	Major findings of operations
Address 224 Emily 50. Odmberland, Nat. Burial Date thereof June 10. 1946 (Burlal, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Hyndman Cem. Location Hyndman, Penna.	Where did injury occur (City or town) (Counts) (State)
18. Funeral director. Charles L. George Address Cumberland, Md. 19 Jane 10, 1946. J. F. Franklin, M.A.	Meens of Injury Injured at work? 23. SIGNATURE M. D. or other Date signed 6 2/6

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N Charles St. Baltimore

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DR. VANORMER CERTIFICATE C			TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State MARYLAND Cou- City or town CIMBERLAND (If outside city or town limits Street No. 456 No. CENTRE S (If rural, give 2.(a) It veteran, name war.	mother) inly ALLEGANY s. write RURAL and give nearest town) LOCATION)
			3. (b) Social Security Number	
MRS. L	ILLIE G. CO			None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
FEMALE	WHITE	WIDOWED	2D. DATE OF DEATH. JUNE 20	19.46 at 1:05 A
8.(6) Name of husband or wife			21. I CERTIFY that death occurred on the date about 19. and that I light saw h	9 g cme 19 4
11. Industry or busin	HOUSEWIF SESS MICHAEL HIN MARYLAND MARY STE	county, and state) E NELL RNER	Due to	months of death)
S 15. Birthplace MARYLAND 16. Intermant MEMORIAL HOSPITAL Address CUMBERLAND, MD.			0	
Cemetery or crem: Location	on, or removal. Which? alory	Date thereof (month) (day) (year) Pa Tunual Home	Where did injury occur?(City or town) Injured at home, farm, industry, public place (w	(County) (State)

JUN 25 1946
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 954

CEDTIFICATE OF DEATH

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Diat.	No.	 4	

CERTIFICA	Reg. Diat. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No.
How long in hospital or institution? 3. (a) FULL NAME A. A	(If rural, give LOCATION) 2.(a) It veteran, name war
4. Sex 5. Color or race 8. (a) Single Married, widowed, or divorced Tennale White Hidrory	MEDICAL CERTIFICATION 2D. DATE DF DEATH MY 19 4601 445
8.(b) Name of husband or wife attricts of oxinger 7. Birth date of deceased (mo., day, yr.) Jml 16 1865	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (c) 19 10 12 19 46 and that I last saw h 22 alive on 6 / 2 2 / 4 6 19
8. AGE: Years Months Days It less than one daymin.	Immediate cause of death DURATION Lucy a case of test of the Committee of
1D. Usual occupation	Duo to.
12. Name. Survey 13. Birthplace England. 14. Maiden name Rossystell Klassingh. 15. Birthplace England.	Other conditions
16. interment Patrick I lengand. Address Combuland.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following;
Date thereof (month) (day) (year) Cemetery or crematory.	Accident, suicide, or homicide
18. Funeral director of the Standards Address Location Location Address Location Address Location Address Location Address	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19 June 24, 1946 J. P. tranklin, M.D. hagistrar	23. SIGNATURE M. D. or other Address Date signed 6/22//



	#,
Within	corporate limits
	corporate timits

2411 N. Charles St., Baltimore 940

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- 16	

05518

UU	ATO	./
Dist	No	4

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State W. V. V. County
City or town (If outside city or town limits, write RURAL and give nearest town)	• 1
How long in above place of dealh? 2 Weeks	City or town Follensbee (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1036 Jefferson St.
125 West 3rd St.	. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
David John Davies	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DF DEATH June 10, 19 46 at 8P
6.(6) Name of husband or wife Bessie Keech Davies	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) July 13,1876	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate crube of death
69 10 2 5 hrsmi	40020 Hary provides
9. Birthplace Swansea, Wales (Town, county, and state)	Due to Due to
ID. Usuat occupation Retired (1932)	
11. industry or business Tin Mill Worker	Due to
12. Name William A. Davies 13. Birthplace Swansea, Wales	Dther conditions.
13. Birthplace Swansea, Wales	
	(Include pregnancy within 8 months of death)
	Major fiadings of operations
16. Informant Mr. Gomer Davies	Antopsy results
Address 25 W. 3rd St. Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Bale thereof. June 13. 1946.	Accident, suicide, or homicide
Cemetery or crematory Oak Grove Cem	
Location Follansbee, W. Va.	trijured at home, farm, Industry, public place (where?)
18. Funeral director. Charles L. George	Means of Injury Injured at work?
Address Cumberland, Maryland.	clay). turns
June 11 46 & P. Franklin M. d.	23. SIGNATURE
19 Lune 11 19 46 J. P. Warklin, M. Date rec'd by registrar) Registra	Address. Address. Date signed 11, 19 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JUN 18 1946
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2411 N. Charles St., Baltimore /22-6

CERTIFICATE OF DEATH

A	
Name and Address of the Owner, where	
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V.	u	2.7	1	07
-	-	_	-	~

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County P. L. Box Base of	State Pa . county Somerset
City or town (If outside city or town limits, write RURAL and give nearest town)	2 1
How long in above place of death?	(If outside city or town limits, waite RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Berlew, Fa B.D. 3.
Memorial Hospital	(If rural, give LOCATION)
How long In hospitat or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME Robert a. De	3. (b) Social Security Number 7/4-14-2854
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W M	20. DATE DE DEATH AND 11 1976 at 3 7
6.(b) Name of husband or wite Miss Hilda Keler	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
(Broceket) 38 years 7. Birth date of	19.45 to June 11 19.46
	and that last saw h. A. alive on the same of the same
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
1/- 0 25	Hendith 324
45 7 28hrsmin.	Grantowith with Opost Openan Tray
9. Birthplace (Town, county, and state)	Due to.
tD. Usual occupation. Express III sessentes	
	Due to profile Schille
11. Industry or business	Cholley str Osis alstonione
12. Name Condress Release 13. Birthplace	Other conditions and
	(Include pregnancy within 8 months of death)
	Major findings of uperations Higherthia Concleans
≥ t5. Birthplace	Date of op.
to, interment Dunaling the	Autopsy results & Elich Miles - Of Mest & M. J.
Address Beelin Pan	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17. Burial Date thereof 6 - 14 - 46.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory 300 June	Where did injury occur?
Location Berling to	Injured at home, tarm, industry, public place (where?)
18. Funeral director OVD Johnson	Means of Injury Injured at work?
Address 705 Main St. Berlin, 1	e: hofinal Topper my
June 12 , 46 & P. Wantel; M. D.	23. SIGNATURE M. D. or other
(Date rec'd hy registrar) Registrar	Address The Mily Miller Date signed 6:11:45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 33d

Reg.

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Dist.	No.	••••	 4	• •

DURATION

10. E		
The corr	1. PLACE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For lewborn infants give residence of mother) State
fully.	City or town	City or town. (If outside city or town limits, write RURAL and give pearest town
care	Hospital, Institution, or etreet address where deathy occurred:	Street No. 3 20 f Ayell Sh. (1f rynd, give LOCATION)
55	How long in hospital or institution?	2.(a) If veteran, name war
information of death clean	3. (a) FULL NAME Theresa K. Will	3. (b) Social Security Number
of	4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
છ મા જ	Female Myte Gidney	20. DATE OF DEATH June 76 19.46, at 3
	6.(b) Hame of husband or wife Chao. E. M. sliger.	21. I CERTIFY that reath occurred on the date above stated; that I attended deceased from
OR even	7. Birth date of deceased (mo., day, yr.) Nov. 10 1867	and that I last saw h
	8. AGE: Years Months Days It less than one day 79 3 16	Corney Hambres 3'
ER. K.	9. Birthplace lo ssss surface on one of the country, and state).	Due to. Aypertersue Christin Vossalin
RES G IN	10. Usual occupation Atomos surfe	herene
Z Sicion	11. Industry or business At Home,	Due to.
I V	12. Name Charttony Kenhan	Other conditions
2 7 2	13. Birthptace	

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Injured at work? Means of Injury

M. D. or other

Date signed

WITH UN important. WRITE PLAINLY, is especially

15. Birthplace

Address

Address

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05521

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If cotside city or town limit, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Fingle, married, widowed, or divorced	3.(b) Social Security Number 2.14-01-3673
Finale White Lingle	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 3 1546 21.5 32
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last say held alive on 1946. Immediate cause of death DURATION
52 2 2 9hrsmin.	Sign State S
9. Birthplace (Town founty, and state)	Due to.
11. Industry or business	Other conditions
Z 13. Birthplace Frestling, may	(Include pregnancy within 3 months of death)
15. Birthplace Frostling, Ind.	Major findings of operations
Address 166 Bayery St. Fresting Ind	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cometery or crematory of the Constitution of t	Where did injury occur?
18. Funeral director	Meane of injury hipured at work
19. 6/4 19 46/ Registrar 19 46/ Registrar Registrar	23. SIGNATURE M. D. or other M. D. or other Address. Date signed 44



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-0

CERTIFICATE OF DEATH

775 have 65522 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: VFor newborn infants give residence of mother)	
County. Degary	Marila (100000	,
City or town	1 70 4	7
How long in above place of death?	(If outside lity or to in limits, write RUMAL and give nearest town))
Hospital Institution, or street address, where death occurred;	Street No. 10 Ceuler St	
Miners nospital	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
pala Mukain	none	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	45
Junale While Married	20. DATE DF DEATH June 10 19.46, at 11	PM
8.(b) Name of husband or wife John Dundon	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	111
A S (r) If alive give are (P) years	Dec 15 1943, to June 10 1	9.46
7. Birth date of	and that I last saw h. A. alive on Jane 1	944
8. AGE: Years Months Days If less finan one day	Immediate castle of death DUR	RATION
5/6 6 16min.	Ca my round	140
Bill and allegan Ot. Md.	Service Manager Service	nal
9. Birthplace (Town, courty, and state)	Due to	ais
10. Usual occupation housewife	Due to	
11. Industry or business Rome	DUC (0	
= 12 Name William Kroney	Other conditions	
13. Birthplace maruland		
# 14. Maiden nam Sarah Hamilton	(Include pregnancy within 3 months of death)	
14. Maiden nam Sarah Hamilton 15. Birthpiago My Savage Md.	Major findings of operations.	
(loto . 1 Donald out	Date of op.	***************************************
16. Informant XVV	Antepsy results	y -
Address Stostburg 100.	22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial, cremation, or remetal. Whiteh?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory A Michigalia	Where did injury occur?	
The thruston Md	(City or town) (County) (State)	
Location	Means of Injury Injured at work?	
1B. Funeral director.	12.00	7
Address Trostburg Md	Wom Jane AM	
6-11 46 VIII Marine Al Ro	23. SIGNATURE M. D. or other	11 21 15
19. O The read by registrar	Address Front very Maje signed 6 1	144

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JUN 13 1945

BUREAU V S

2411 N. Charles St., Baltimore (167)

CERTIFICATE OF DEATH

05523	. /
Reg. Diat. No	4
DECEASED: stber street write RURAL and give near OCATION)	est town)
	•••••
3. (b) Social Security N Y 4 - 07 - RTIFICATION 18.46 stated; that I attended decea	0504
21	18.45. Ja
reman	DURATION
remon	La Maria
remort	band My to do
remori.	ba Mayara.
Inthe of death)	de Mayara
Inthis of death) Dale of op.	
nths of death) Dale of op.	
Inthis of death) Dale of op.	
Date of op. h death should be charged of the should be charged or the	

Injured at work?

M. D. or other . Date signed June

CERTITIOAT	E OI DEATH
1. PLACE OF DENTH:	2. USUAL RESIDENCE (HOME) OF DECE
County Ullegamy.	(For obwhore infants give residence of mother)
Da New A	State Allanylynd County A
(If outside city or town limits, write RURAL and give nearest town)	// //
How long in above place of death? 25	City or town (1f outside city or town limits, write F
Hospital Institution, or street address where death accurred:	Street No. 544 Gelene
Ullegany Hormal	(If rural, give LOCATI
How long in hospital or institution?	2.(a) If veteran, name war.
	2.(d) if veteran, name war.
3. (a) FULL NAME	3. (b
James chomas Os	nmash, 21
4. Sex 5. Color of Sec 6.(a) Single, married, widowed, or divorced	MEDICAL CEPTIE
0 0 100 4 0	MEDICAL CERTIF
made vente married	20. DATE OF DEATH 6 - 21 -
CI CI	
6.(b) Name of husband or wife 1112 Flandgan	21. I CEBTIFY that death occurred on the date above stated:
6.(c) If allve, give ageyears	19.56
7. Birth date of Con 7 1808	and that I last saw h alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	A() - 0.
42 - 14hrsmin.	
70 11 01 14 1	0
B. Birthplace Berkelry 8pmgs dl. Va.	Due to
B. Birthplace (Toyle, county, and state)	
10. Usual occupation + pelman	Du <u>e te</u>
11. Industry or business It of June 60.	,
H 12. Name That I amman I	Other conditions
12. Name Jan Jannas Jan	aschutu Bruke
HI Am in Change	(Include pregnancy within 3 months of
14. Maiden name Annie Styris 15. Birthplace 9nd.	Major findings of operations
15. Birthplace	
and land for many	
16. Informant	Autopsy results
Address Combuland.	
B-01-1	22. VIOLENCE: If death was due to external causes, fill i
(Burial, cremation, or removed. Which?)	Accident, suicide, or homicide
III PX 1 Black	
Cemetery or crematery	Where did injury occur?(City or town)
with I man Andand Ind	injured at home, farm, industry, public place (where?)
Location	Means of Injury
18. Funeral director. assume steem one	means us many
	200
Address Completional	23. SIDNATURE 13 Lune Mr. A
Lune 25 46 Q. P. Mark hi: m 2)	1
19 Date rec'd by registrar) Registrar	Address 41 lement
///	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. SERVED FOR BINDING

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JOL 5, 1906

EUREAU V B.

Or Thursday

CERTIFICATE OF DEATH

Ou	tside	of its TEB owen 5		EPARTMENT OF HEALTH	U5524
CII	y Lili		CERTIFICA	TE OF DEATH	Reg. Diat. No.
carefully. The correarly and legibly.		1. PLACE OF DEATH: Ocupity A LEGAL CONTROL CO	e pleath occurred:	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	mother) unity AllEquency (See BURAL and give nearest town)
	information care	How long in hospital or institution?		2.(a) If veteran, name war	
	form i dea	Leron	E. Frederick, T	rtwin z	3. (b) Social Security Number
BINDING rry item of the causes	4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced		ERTIFICATION	
	7. Birth date of		21. I CORTIFY that death occurred on the date about	ove stated; that I attended deceased from the total attended deceased from 19	
RVED F	IRVED FOR Supply ever	deceased (mo., day, yr.) VUTE 8. AGE: Years Months	Days I fless than one dayhrs	Immediate cause of death	DURATION DURATION
N RESE	G INK	9. Birthplace IIII (Town 10. Usual occupation	county, and state)	Due to	
MARGII	Fe.	11. Industry or business 12. Name Letto 1 Each 13. Sirthplace Topic Ke	rl Frederick	Dther conditions	
I	WITH UNI	14. Malden name Thut 4 4	land, Md	(Include pregnancy within 8 a	
	>	16. Informant The East Address Pf. 2, Career	Trugling rud	Autopsy results	
E S		(Burlal, cremation, or removel. Which	Date thereof (month) (chay) (year)	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	Date of
	WRITE	Location	eland, ml.	(City or town) Injured at home, farm, industry, public place (wi Means of Injury	(County) (State) here?)
VS A16	PLEASE	Address Carlo 1946	J. Potranklin m. S.	23. SIGNATURE MASS (C	Eweno MD M. D. or other,
		(Date rec'd by registrar)	Registrar	Address 5000 acc	Date slened 6/14/4

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JUN 18 1945

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

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O age		les St., Baltimore [57]
correct V.	CERTIFICAT	TE OF DEATH Reg. Diat. No. 4
of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County CM CM CM CM CM CM CM CM CM C
forma	3. (a) FULL NAME Virginia Lee Frederic	k-Turn 1st 3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 5:79	MEDICAL CERTIFICATION 20. DATE OF DEATH
ly every item of write the causes	6.(b) Name of husband or wife	21. CERVIFY that death occurred on the date above stated; that I artended deceased from 18 10 10 10 19 10 19 11 10 10 10 10 10 10 10 10 10 10 10 10
Supply lease wr	8. AGE: Years Months Days Illess than one day	Immediate cause of death DURATION
ADING INK. Physicians: pl	9. Birthplace Tt. Z. Cumber and Maryland (Town, county, and state)	Due to.
OING	10. Usual occupation	Due to
Ir.	12 Name Leroy Earl Frederick 13. Birthplace Topeka, Kansas	Other conditions
WITH UNI	14. Maiden name Thuth G. McCarty 15. Birthplace Cumberland, Md	(Include pregnancy within 3 months of death) Major findings ol operations.
LY, Wially in	16. Interment Lang E. The desire	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, v is especially i	Address 17. Buria (Buriai, cremation, or remove), Which?) Date thereof (Manuel 12, 1946) (Buriai, cremation, or remove), Which?)	22. VIOLENCE: 11 death was due to exteroal causes, fill in the following; Accident, suicke, or homicide
SE WRITE	Location Guyders In	Where did lojury occur?
₹	Address Capebrefand usd.	Means of Injury Injured at work? 23. SIGNATURE MEBOWENS MS 25. SIGNATURE
PLE	19 kune 12 1944 J. P. Wanklin M.S. (Date rec'd by registrar) Registrar	Address 133 Va au Bate signed 6/10/4/6

JUN 18 1946
BUREAU V.S.

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DR. TOLSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 546)

05526

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother)		
COUNTY ALLEGANY	Slate MARYLAND County ALLEGANY		
City or town. CUMPERIAND. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? OVERS	City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Streel No. 766 FAYETTE STREET		
MEMORIAL HOSPITAL	(If rural, give LOCATION)		
How long in hospital or institution? 9DAYS	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
WILLIAM L. GEPPERT 4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	214-05-649		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	20, DATE OF DEATH JUNE 20, 19.46 at 4:55P		
6.(b) Name of husband or wife RUTH HENKING	21. I CERTIFY that death occurred on the date above stated; that datended deceased from		
6.(6) Name of husband of wife	11-10-20-11.		
6.(c) If allve, give age 54 years	and that I last saw h. Inq. allve on 6-20-1		
deceased (mo., day, yr.) SEPI. 18, 1880	Immediate cause of death PURATION		
8. AGE: Years Months Days It less than one day	Carcinona Rosull alout		
63 9 2nrsmin.	7-4rg		
9. Birthplace OHIO -	Oue to		
(Town, county, and state)			
10. Usual occupation. NEWSPAPER EDITOR	Oue to		
11. Industry or business			
E 12. Name WILLIAM GEPPERT	Other conditions ar array areas area		
12. Name WILLIAM GEPPERT 13. Birlippiace OHIO —	Phronic helphrilis		
14. Maide SIMONETTA KILLMARTIN	(Include pregoancy within 3 months of death)		
LO .	Msjor findings of operations		
	- Oate of op.		
16. Informant MEMORIAL HOSPITAL	Actors results		
Address CUMBERLAND, MD.			
17. (Burial, cremation, or removal, Which?) Oate thereof (mooth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) (mooth) (day) (year)	Accident, suicide, or homicide		
Gemelery or crematory Attaly Attal	Where did injury occur?		
Location Combinational	Injured at home, farm, Industry, public place (where?)		
. /4: 0	Means of injury Injured at work?		
18. Funeral director AMA Attask The	1 LY Y V 741		
Address Cambriand	23. SIGNATURE DEVANDA JOSEPH MIN		
19 6-22 19 46 for P. Tranklin, M. A	M. D. or other		
(Tuta world by worldwar)	Address Alia Wh Want W Bate signed 6-70-4		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15 SA JUN 25 1946
BUREAU V S.

22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

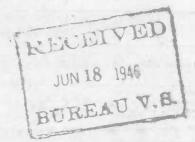
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

CERTIFICATE OF DEATH

Al		
AN U	4	
	0	7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County: Allegany	State H. Va County Harrison		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 4 months	City or town. Clark 5 60 9 9 (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or stroot address where death occurred:	Street No. Hashingtonflie.		
217 Glenn st.	Af rural, give LOCATION)		
Now long in hospital or institution?	2.(a) If votoran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Mrs. Anna B. Gibson	This		
4. Sox 5. Color or race 6.(a)Single, marriod, widowed, or divorced	MEDICAL CERTIFICATION		
F W Widowed			
	20. DATE OF DEATH TUNE 7, 19.46 , 21. 2.120 P. 1		
8.(b) Namo of husband or wife Bomas 14. Gibson	21. I CERTIEY that doath occurred on the date above statod; that I attended doceased from		
	J 18 10 10 11 11 11 11 11 11 11 11 11 11 11		
T. Birth date of	and that I last saw h. Fall affre on Femal 5 18 44		
decoased (mo., day, yr.) Vanuary 15, 1859	Immediate cause of death		
8. AGE: Years Months Days If loss than one day	Caremona of face - ion afrait		
87 4 22hrsmin.	nicht side		
9. Birthplace Piedmont, Mineral, W. Vo. (Town, county, and staté)	Due to		
10. Usual occupation Housewife			
	Duo to		
11. Industry or business Own home			
12. Name David Scatt	Other conditions		
13. Birthplace Seotland			
	(Include pregnancy within 3 months of death)		
E 14. Malden name. Tean Kelso	Major findings of operations		
14. Maiden name Tean Kelso 15. Birthplace Scotland	Date of op.		
18, Interment Anna B. Me Veigh	Actoray results		
, 7, 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 217 Glenn St., Cumberland	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial, cremation, or removal, Which?) Bate thoroof. Tune 10 1946. (month) (day) (year)	Accident, oulcide, or homicide		
Cemotery or cromatory Old Concy Cemetery	Where did Injury occur?		
Location Near Lanaconing, Md.	Injured at home, farm, Industry, public place (whore?)		
1011110	Meeno of Injury Injured at work?		
Address Celes fishand, Upd.	15/. 1/ h) some		
10 June 10 10 46 S. P. Franklin M.D.	23, SIGNATURE M. D. or other		
19. Mal 19. 19. 10. 19. 10. Markley, M. D. Registrar	Address 125 Bulfred St Date signed 6-8/46		
	Return Deputy Medical Examiner		



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WILLIAMS

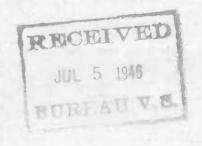
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-0 CERTIFICATE OF DEATH

U	5	5	2	8.
				4

Reg. Dist. No.

1. PLACE OF DEATH: County ALLEGANY						2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
City or town. CIT outside city or town limits, write RURAL and give nearest town) How long in above place of death? LWO DAYS Hospital, institution, or street address where death occurred:					State PENNSYLVANIA County BEDFORD City or town BEDFORD			
								(If outside city or town lim
		CONTRACTOR OF THE PARTY OF THE		176			ve LOCATION)	
		titution?	.W.ODA.	YS		2.(a) If veteran, name war		
3. (a) FULL							3. (b) Social Secu	rity Number
GII	LCHRI	ST, MAU					Tore	/
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorc	ed	MEDICAL (CERTIFICATION	
FEMA	LE V	WHITTE	MAI	RRIED		20. DATE DE DEATH JUNE 24		467:55P
e (h) Hama -4 h	wahand an w	GTLC	HRTST	SAMUEL M	R.	21. I CATIFY that death occurred on the date a		
o.(0) Name of I	INTRANCOL A	THE MANAGEMENT SHE	vi ovota ta minitori ada	M - Um - 1 - 677		sine 2 /1	. // *	
7. Birth date of			5.(¢) If alive, give age 6.7	yeara	and that I last aaw h	refine	-241142
deceased (mo	o., day, yr.)	AUGUS	T. TO	T880		Immediate cause of death	U	DURATION
8. AGE:	Years	Months	Days	If less than one day				
59		10	14	hrs	min.	Lozona	· / · · ·	4
9. Birthpiace	WES	T VIRGI	NIA			Due to. L. T. D.	1 psi	2
	T	(Town,	county, and s	tate)			U	dans
1D. Usuat occu	pation	OUSEWIE		***************************************		Due to		
11. Industry or	business						***************************************	
12. Name	MCKI	EE, THO	MAS			Other conditions		
13. Birthol	ace T	ITRGINI.	A			(Include pregnancy within		
Maide	F(OREMAN,	ELLA	MRS.		(Include pregnancy within	3 months of death)	
14. Maider 15. Birthpl	. T7			***************************************		Major findings of operations.	enti A sunti	Da
≥ 1 15. Birthpl		IRGINIA		P		7.	•	
16. Informant				TAL		Antopey results		wood statistically.
Address CUMBERLAND, MD.								
17 Breide Date thereof June 27 1940					22. VIOLENCE: If death was due to external of			
(Buriat remation, or removal. Which?) (month) (day) (year)					Accident, suicide, or homicide		***************************************	
Cemetery or exemplery J. B. S.					Where did injury occur?(City or town	(County)	(State)	
Location Bull partly Par					Injured at home, farm, Industry, public place	(where?)		
	-	MITAL.	1. 13	arelant		Meana of Injury	Injured at work	?
18. Funeral di	rector.	2	1 Z			76/	Z XXX	
Address	-	reason	de, 19	enna.		23. SIGNATURES	- Kul	lans
Lus	4-2	5. 46	KP	mulli	mit			I. D. other
(Date rec'	d by regist	rar) / 13 /		The state of the s	Kegistrar	Address	- Cran Robe of	med 5-25-



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



			2411 N. C	harles St., Baltimore		
			CERTIFIC	ATE OF DEAT		
1. PLACE OF DE	ATH:			2. USUAL RESIDE		
County Alle	State W. V.					
City or town	moertand outside city or town li	MICL 9 mits, write h	RURAL and give nearest town)			
How long in above place	of death?	******	***************************************	City or townKey.		
Hospital, Institution, or	street address where	leath occurre	d:	Street No. 23		
				2.(a) if veteran, name w		
3. (a) FULL NAM	E Ton					
Joshua	B& Gill	um				
4. Sex	5. Color or race	B.(a)Sing	ie, married, widowed, or divorced			
male	White		Widowed	OD DATE OF DEATH		
				2D. DATE OF DEATH		
			Lum			
7. Birth date of		В.((c) If alive, give age	years and that I last saw h		
deceesed (mo., day,	m) March	14,		Immediate cause of de		
8. AGE: Year	Months	Days	If less than one day	Coronary		
75	2	24	brs.			
. Bedf	ord Valley	Bed!	ford Co., Penna	Due to		
19. Usual occupation.	Retired -	- Car	Foreman	Due to		
11. Industry or busines	s R. R. Co	(B.	& O.)			
置 12. Name	John (Hillum.		Other conditions		
13. Birthplace Bedford County, Penna. (Include						
	Victor	cia Br	inner			
E PLANTER MAINE	major hadings of oper					
ant 13. Birthplace			County, Penna.			
16. Informant	WITS . I	Marsila.	IT T. ATIOS	PHYSICIAN: Please u		
Address	Keyser	C. W.	/1	22. VIOLENCE: tf dea		
17 / Sure	n, or removal. Which?	Date the	regilline 11, 1991 (month) (day) (year	Accident, suicide, or ho		
	7	, A	I Commented to the state of the	Where did Injury occur		
Cemetery or cremat	-,/	,]	./			
Location	Keepe	J, W	· va.	Injured at home, farm,		
18. Funeral director	J. H. M	ark	word Jone	Meens of Injury		
Address	Keeper	Wi	1/a.			
0	// .	1	2-11	A 23. SIGNATUREH.		
19- 14-11-0	10, 1946	X.	P. Franklin, M	· O h		

1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the contract of the contra	F DECEASED:	(1
County Alleganyy City or town Cumberland Md,			State W. V. Z Cou	<i>Y</i>)	
City or town					
How long in above place	of death?		City or town Keyser W. Va.	. write RURAL and give ne	arest town)
Hospital, Institution, or	street address where de	tal	Street No. 23 Spring St		
			(If rural, give		
			2.(a) if veteran, name war		***
3. (a) FULL NAME	10			3. (b) Social Security	
Joshua	B& Gillu			705-09-7458	•
4. Sex	5. Color or race	B.(α)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	. 27, 17, 12, 1
male	White	Widowed	20. DATE OF DEATH	.8194	16: 5 Pm
B.(b) Name of husband	Anna K	Gillum	21. I CERTIFY that death occurred on the date abo		
			19	to	
7. Birth date of		B.(c) If alive, give ageyears	and that I last saw h im affine-dead	6-8-	19. 46
deceased (mo., day, yr		14, 1871	Immediate cause of death		DURATION
8. AGE: Years		Days If less than one day	Coronary occlusion		immedita
75	2	24brsmin.		******	illy
9. Birthplace Bedford Valley, Bedford Co., Penna. (Town, county, and state)			Due to		
19. Usual occupation Retired - Car Foreman			Due to.		*** ***********************************
11. Industry or business	R. R. Co.	(B. & O.)		***************************************	
	- 1 0	illum	Other conditions		
John Gillum 12. Name John Gillum Bedford County, Penna.					
	Winton	ia Brunner	(Include pregnancy within 3 r	months of death)	
14. Malden name			Major findings of operations	,	**************************
≥ 15. Birthpiace		ford County, Penna.	-		•••••
16. Informant	Mrs. M	arshall T. Virts	Autopsy results	hich death should be charged	l statistically.
Address	Keyser	, W. Va	22. VIOLENCE: tf death was due to external cau		
17 Burnation,	or removal. Which?)	Date thereof (Mane // 9 4 (e (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory duce of the comments of			Where did injury occur?(City or town)	(County)	(State)
Location Keepers, le. Va.			Injured at home, farm, industry, public place (w	vhere?)	
	2. H. M.	ukword Sons	Meens of Injury	Injured at work?	
18. Funeral director	10	10.16			1
Address	Keeper,	10to Il. m	23. SIGNATURE H.V.Deming	M.D. H-V-A	or other
Date rec'd by res	10, 19 4 6	J. P. Manklin, M. D. Registrar	Address		
V		acting	Doputy Redical Ex		egany Oo;

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

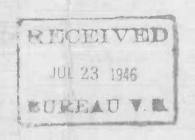
CERTIFICATE OF DEATH

Reg. Dist. No...

N. 15530 my

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1. PLACE OF DEATH: Ollegans	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
30.	State Marylaced County allegacing
City or town	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Margaret Cecelia 2	Iralacce 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Squale White Widow	20. DATE OF DEATH. 1200 2 1946, 21 4050 M
8.(6) Name of husband or wife do has C. Brahame	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19.45 to 19.46
7. Birth date of deceased (mo., day, yr.) October 8 1815	Immediate cause of death DURATION
8. AGE: Years Months Days Tiless than one day	Common Chrombia Sunt
70 / 1 / 1hrsmin.	
9. Birthplace M	Oue to.
10. Usual occupation houseurfe	Christian
11. Industry or by Singss Rome	Due to
12. Name Debrae H. Malkey 13. Birthplace Over Gorkey	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Cliffaleth Will 15. Birthplace Perusiliane	Major findings of operations
\$ 15. Birthplace (Sefficiently)	Date of op
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address that divage that.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Mk. Savage	Injured at home, farm, industry, public place (where?)
18. Funeral director. R. Querst	Means of Injury Injured at work?
Address / Treathers md	721. C. M 100
C 11/2 1 12 244 44	23. SIGNATURE MY. D. or other
Date ree'd by registrar) (Date ree'd by registrar) Registrar	Address Comballed lead, Date signed Serve 4/4/



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	~	-	-	-	
Reg.	Di	at.	No		

Dist.	No.	4

d.	ATE OF DEATH RESIDENCE (NO. 15) OF DESCRASED
1. PLACE OF DEATH: County ALTHICANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State LARXIAND County ALLEGARY
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. Uf outside city or town limits, write RURAL and give nearest took)
Hospilal, Institution, or street address where death occurred:	Street No. Mexico Farms R. F. D. 3
HOW long in hospital or institution? I DAY	(If rural, give LOCATION)
	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
BABY BOY GRAPES 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE THEATH	
	20, DATE OF OPATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of	rears and that I last saw hallye on
deceased (mo., day, yr.) JUNE 7, 1946	Immediate cause of death
8. AGE: Years Months Days If less than one day	
9. Birthplace CUMBARLAND, 1D. (Town, county, and state)	Due to
10. Usual occupation	Oue to.
11. Industry or business	
12. Name William Peuschel 13. Birihplace Cumberland Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name HELEN GRAPES 15. Birthplace MARYLAND	Major findings of operations
16. Informant II MORIAL HOSPITAL	Autopsy results
Address CUMBERLAND, MD.	PHISICIAN: Please anderine the cause to which death another be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial (Burial, cremation, or removal, Which?) Date thereof. Tune 10 194 (month) (dat) (year)	Accident, suicide, or homicide
Cemelery or crematory. Brethrea Cemetery	Where did injury occur? (City or town) (County) (State)
	(City or town) (County) (State)
	andered of mannel tannel instance. I hear famous /
Location Flintstone, Md.	Means of Injury Injured at work?
Location Flintstone Md. 18. Funeral director Johnson	Means of Injury Injured at work?
Location Flintstane, Md.	Means of Injury Injured at work? 23. SIONATURE

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JUN 18 1946

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

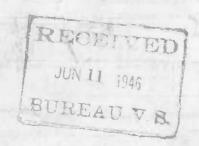
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Diat	. N	0		-,	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	
Clity or town (If outside city or town limits, write RURAL and give nearest town)	state Md. county Alleg.
(1)	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Allegany Hosp.	Street No. 310 Harrison
. ,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lydia Groff	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widow	20, DATE OF DEATH. 4/3/ 7 6 19
6.(6) Name of husband or wife. Thad Jus Groff	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of nusoand of wife	25/25/46 13 10 6/3/X 0 19
7. Birth date of	and that I last saw h an alive on 6/2/46 13
deceased (mo., day, yr.) Jan. 15 188 /857	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	The second of th
89 4 18hrsmin.	
9. Birthplace Pa Some Some Some	Due to.
10 Head occupation Housewife	flandeli
1D. Usual occupation	Due to
11. Industry or business	
12. Hame Solomon Engle	Other conditions.
12. Hame Solomon Engle 13. Birthplace Pa.	
	(Include prognancy within 3 months of death)
# 14. Malden name Didah Kimel Engle	Major findings of operations.
14. Maiden name Didah Kimel Engle 15. Birthplace Pa.	Oate of op.
16. Informant M. Dawson R. N.	
	Autopsy results
Address Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof June 6 1946 (Burial, cremation, or removal, Which?)	
	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Berlin, Pa.	Injured at home, farm, Industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director	Moens of minut
Address Berlin, Pa.	(NIMI IV . hear
1 1411.	23. SIGNATURE M. D. of other
18 use 3 19 46 Hos P. Traveler, M.D.	
(Pate rec'd by registrar) Registrar	Address
V	Cumperland Mis

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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055334

Reg. Dist. No...

CED	TIE	CATE	OF	DE	TH
CER		CAIL	Ur	UL	III

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County AIT - CANY	State MARVI AND County ALLICGARY
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RÜRAL and give nearest town)
Hospilan instruction, or street address whose death opcyfred:	Street No
//	
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
allexander Scores	lone
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
RALE WIITE Sende	20. DATE OF DEATH JUNE 9 19.46 at 2: 10Pm
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Nams of husband or wife	May 21 M 18.46, 10 Jule 9 - 19.46
7. Birth dats of	and that I last saw have alive on Smill 9 19
decsased (mo., day, yr.) F.B. 16, 1946	Immediate caose of death
8. AGE: Years Months Days It less than one day	
3 2 3 hrsmin.	Malula Entrouching:
9. Birthplace (Town, county, and state)	Due to
(Town, county, and atate)	in Our when
10. Usual occupation	Oue to.
11. Industry or business	Oue to.
E 12. Hame AT XARD R GROVES	Other conditions 7 17 sews
12. Name AI, XAED 'R GROVES ID	(Include pregnancy within 3 months of death)
14. Malden nameV.AB. B. B	
14. Malden name	Majur findings of operations.
≥ 15. Birthplace	Date of op.
18, Informant	Actupsy results
Address Ceenberland, Ma.	
17 Surial Date thereof the 11, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemstery or crematory	Where did injury occur?
Location Mr. Savage Md.	Injured at home, farm, industry, public place (where?)
m & 6.6.1.1	Mesns of Injury Injured at work?
18. Funeral director	Nº PIN
Address Jonaconny, Md.	23. SIGNATURE
1. June 9 10 46 J. P. Franklin, M.D	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 0 - 7 - 20

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JUN 18 1948

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CERTIFICATE OF DEATH

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Within cor	DOTAL .	EPARTMENT OF HEALTH (15534)
Sect 3	CERTIFICAT	
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manna County County County (If outside city or town limits, write RURAL and give nearest town) Street No. 6.0.7 (If roral, give LOCATION) 2.(a) If veleran, name war.
ormatî death	3. (a) FULL NAME Charles Chirthan	3. (b) Social Security Number 705-09-3721
BINDING ry item of info the causes of	4. Sep 5. Color or race 6.(a) Single, married, widowed, or divorced Mark Married S.(b) Name of husband or wife Married B. O. Savelle S.(b) Name of husband or wife Married B. O. Savelle S.(c) Name of husband or wife S.(c) Name of h	MEDICAL CERTIFICATION 20. DATE DF DEATH
MARGIN RESERVED FOR BINDING NFADING INK. Supply every item of nt. Physicians: please write the causes	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min.	and the i lest saw h. alive on Jobs 5 19 4
RGIN RESERV ADING INK.	9. Birthplace Persa Alta IV. VA. 10. Usual occupation Jard Free mand. Bt O Ry. 11. Industry or business Retried 4 mg	Due to. Stranger of wsc.
MARGI UNFAD	12. Hame. Bushood Muslisty W. Va.	Dither conditions
T WITH HIPport	14. Maiden name Many E. Evenly 15. Birthplace 16. Informant Marin Basull Harolestry	Major findings of operations. Date of op.
PLAINLY,	Address 607 Vorgenin ave	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following:
9.45.	(Burial, cremation, or removal. Which?) Cemetery or crematory.	Accident, suicide, or homicide
	18. Funeral director Lauris Stein One	Injured at home, farm, industry, public place (where?) Means of tnjury Injured at work?
VS A15	Address Cumper land, md. 18/we 8, 1946 J. Franklii, M.D. Registrar	23. SIGNATURE M. D. or other Address Date signed

BUREAU V. S. RECEIVED Sign JUN 11 1946 marthe CH.S

2411 N. Charles St., Baltimore



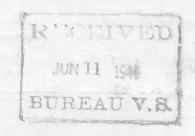
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CFRTI	FICATE	OF	DEATH
CERII	FICALE	OL	DEATE

1. PLACE OF DEATH	1.			2. USUAL RESIDENCE (HOME) OF DECEASED:	
County A LL GANY			(For newborn infants give residence of mother)		
			State MARYLAND county ALLEGANY		
City or town		JRAL and give nearest town)	City or town		
How long in above place of death?			(If outside city or town limits, write RURAL and give nearest town)		
MEMORIAL, HOSPITAL			(If rurul, give LOCATION)		
How long in hospital or institution? 1.4 DAYS			2.(a) If veteran, name war		
	() (UT) ON ?	harita	y ulip but a second a		
3. (a) FULL NAME				3. (b) Social Security Number	
HARVEY	CLARA	A. MR	S.	Mone	
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
FEMALE	WHITE	MAR	RIED	20. DATE OF DEATH	OP m
	TTA TO	י אחדער	Tamon II	21. I CEBTIFY that death occurred on the date above stated; that I attended deceased from	
			TCTOR H.	May VD, 1946, 10 6.3. 195	16
7. Birth date of		6.(c)	If alive, give age46years	and that I just saw h. 47 alive on 2200 3 to 4	16
deceased (mo., day, yr.)	Feb	. 12	1900	Immediate case of death DURATH	ON
8. AGE: Years	Months	Days	If less than one day	Metastases	
46	3	21	hrsmln.	to brain from	
			Due to Cartin Advan	*********	
9. Birthplace MARYAAND (Town, county, and state)			tate)	A A A A A A A A A A A A A A A A A A A	*********
10. Usual occupation	FURRE	10 1 2 2 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2	***************************************		
				Due to	,
11. Industry or business					*********
12. Name. BRIJ., HARRY. 13. Birthplace PA.				Other conditions	
				(Include pregnapcy within 3 months of death)	
14. Malden name				Major findings of operations of Arcuston	
15. Birthplace MARYLAND				of t. breast Date of op.	
16. Informant M	emorio	el Ko	aspital	Autopy results.	
	1/1/201	1.0	and	PHISICIAN: Please underline the cause to which death should be charged statistically.	
Address Climberana, ona.			ma.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	
120, V/m, ((P) 1 . 1			Promi · 1	Where did injury occur? (City or town) (County) (State)	*********
Cemetery or crematory			The same of the sa		
Location 11 Control 1			4 274	Injured at home, farm, industry public place (where?)	*******
18. Funeral director A Support S 130 Tel			1.5.1807W	Means of Injury Injured at work?	
			trul.	May I Mill.	
Address 17 Jackson Mill			+ 10	23. SIGNATURES . I . I	1
19 June 5, 1946 & P franklin, M.D.			granklin, M.L	· Che he sand	.11
Oate rec'd by regist	rar)	//	Registrar	Address. Bate signed	4

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.



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PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

05536

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fornewborn infants give residence of mother)
County Alleganny	State manyland county allegany
City or fown(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1902 Blaft Sh.
1906 / Jed J. T. O. D. T.	(If rural, Eve LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
hidith ann Hast.	flore
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH 255 19.46 21.430 P.
6.(b) Nams of husband or wife	21. I CERTIFY that death occurred on the date above stafed; that I attended disceased from
	1910
7. Birth date of 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7	and that I last saw h ER also on June 2.5 18.56
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death DURATION
o. Add.	Dsouvery Americal
2 7 27hrsml	
9. Birthplace (Town, county, and state)	Due to fill frank
· · · · · · · · · · · · · · · · · · ·	
10. Usual occupation.	Due to
11. Industry or business	_
12. Name Lewis Friderick I tast 13. Birthplace Comberland mg	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name & orthy & lesson Walson, 15. Birthplace Cumberland. Ma	Major findings of operations
15. Birthplace Cumberland. ma	Date of op.
18. Informant Lewis F Hash	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address in hereina 6/27/11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisl, cremation, or removal, White?) Date thereof (month) (dys) (year)	Accident, suicide, or homicide. Accident Date of 16-2-3-19-44
Cemetery or crematory St. Ankers Um.	Where did injury occur?
1 1.1. of and	Injured at home, farm, Industry, public place (where?)
Location Constitution	Means of Injury injured at work?
18. Funeral director Zowa Sulland	
Address Combestand	23 SIGNATURE & Cheming M.D.
Luxue 27 " 46 & P tranklin m.L	M. D. or other
(Date ree'd by registrar)	Address Date signed 6/95/46

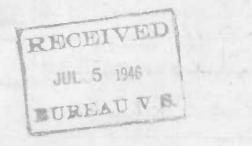


MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

05537

within cor	2411 N. Charl	EPARTMENT OF HEALTH les St., Baltimore (B) TE OF DEATH Reg. Dist. No. 4
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
ormatic	3.(a) FULL NAME JOHN S. HAYS	3. (b), Social Security Number
	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
INDING item of i	MALE WHITE MARRIED	20. DATE OF DEATH. JUNE 30 46 25 19 46 25 19 19 19 19 19 19 19 19 19 19 19 19 19
MARGIN RESERVED FOR BINDING WITH UNHAPING INK. Supply every item of important. Physiolans: please write the causes	6.(b) Name of husband or wife BERTHA HOPT HAYS 6.(c) If alive, give age 68 years 7. Birth date of deceased (mo. day, yr.) JAN . 21 1876 8. AGE: Years Months Days If less than one day 70 9 hrs. min. PENNA. 9. Birthplace Town, county, and state of the state of t	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 0, to 19. 19. 10. 19. 10. 19. 10. Immediate/games of death Due to. Due to. Diher conditions (rectude pregnancy within control teach) Major findings of operations.
SE WRITE PLAINLY,	16. Informant Address 17. Burnel (Burlal, cremation, or removel, Which') Demetery or crematory Location 18. Funeral director Address Address	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
VS AJ	19 July 1, 19 46 J. Franklein, M. D.	23. SIGNATURE M. D. or other



The correct age

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (175-0)

05538

CERTIFICATE OF DEATH

Reg. Diat. No.

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Allegany

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cumberland Md.	State Md. County Allegany
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? one hour	City or tawn
Hospital, institution, or street address where death occurred: Memorial Hospital	Street No. Calla Hill
Memorial Hospital	(If rural, give LOCATION)
How long to hospital or instillution? one hour	2.(a) If veteran, name war
3.(a) FULL NAME Leona Himmelwright	3. (b) Social Security Number
4. Sax 5. Color or race 6. (a) Single, married, widowed, or divorced	712-14-1512 MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH
8.(b) Name of husband or wifeRaymondHHimmelwright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
48	6-16 19 46 to 6-16 19 46 and that I last saw h er all w on 6-16 19 46
7. Birth date of	and that I last saw h.e.r. alive on 6-16 19.46
deceased (mo., day, yr.) August 31, 1898	Immediate cause of death
8. AGE: Years Months Days If less than one day 47 9 16	Fractured Skull about 1-1/2hrs
a Richard	
(Town, county, and state)	
10, Usual occupation housewife & C&P R.Ry.Offi	LCC Due to
14 Industry or husiness D. Don	Due to
10. Usual occupation	Other conditions
El 12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Minnie Bogh	Major findings of operations
15. Birthplace Pa.	Oate of op.
16. intermant Anna Higgins (sister)	Anioney results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mt. Savage Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?) Bate thereof June /9 1946 (month) / (day) (year)	Accident, suicide, or homicide
Connetery or crematory St. Georges Cemetery	
Location Mt.Savage Md.	injured at home, farm, Industry, public place (where?)
16. Funeral director	Meene of Injury Automobile accidents work? No
Address Frostburg Md.	23. SIGNATUREH . V. Deming . M. D
19. L. 17. 1946 J. P. Tranklin, M. D. Registrar	M. D. or other
(Date rec'd by registrar) Registrar	Address / & 5 Balfus & Calabana Date signed & -16/46

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JUN 25 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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	TE OF DEATH \$\frac{15539}{Reg. Dist. No4}
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For plewborn infants give residence of mother) Slate
3. (a) FULL NAME	sa, Bahy Girl 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singler married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. 20. DATE DE DEATH. 20. DATE DE DEATH.
8,(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8.(c) If alive, give age year	and that I last saw h. La. alive on
8. AGE: Years Months Days If less than one day	
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to
11. Industry or business 12. Name Chaps Thinks 13. Birthplace Plana.	Olher conditions (Include pregnancy within 3 months of death)
14. Maiden name 2003 M. Va.	Major findings of operations
Address Combuland	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes fill in the following:
(Burial, cremation, or removal, Which) Cemetery or crematory.	Accident, suicide, or homicide
18. Funeral director. Line Steph One	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19 June 3 1946 J. F. Franklin, M. J. Dato rec'd by registrary	23. SIGNATURE M. Dor other Address Date signed 6

JUN 11-1946
BUREAU V 8

Paulman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89-5) CERTIFICATE OF DEATH

05540

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1. PLACE OF DEATH: County	(For newborn infants give residence of mother) State
3. (a) FULL NAME	3 (b) Social Security Number
Isaac M. Hook	Alac
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE DE DEATH. Tune 5 1946 21 9:00 A
8.(b) Name of husband or wife Georgia Hymes Hook 5.(c) If alive, give age 6.5 years 7. Birth date of deceased (mo., day, yr.) Oct 13, 1873	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from June 5 19.46 to June 5 19.66 and that I last saw him alive on June 5 1946 19.66
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION erebral hemorrhage
9. Birthplece	Due to
10. Usual occupation	Due to
E 12. Name I same Hook	Diher conditions
13. Birthplace Pennsylvania 14. Maiden name Chapter 15. Birthplace	(Include pregnancy within 8 months of death) Major fiedings of operations
18. Informant Lawrence Hook	Autopsy results
Address TH, 3, Cumberland, Md 17. Burial (Burial, cremation, or removal. Which?) Date thereof. Tyne 8, 1946. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory Fair View Christian Cometery	Where did injury occur?
Location MEAN Astemas, Pa	Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?
Address Conference Tanal Zuga.	Gles P Parlman
19 July 19 46 J. F. Nauklin M. A. Begistrar	Address Low Bldg. Date signed 6/2/46

VS A15
9-45-15
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN H 1946

BUREAU V.S.

DR. GRACIE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 450

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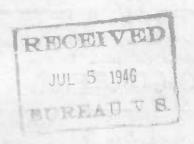
Reg. Dist. No...

EATH

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	CERTIFICATE OF	D

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALL GANY	State WEST VIRGINIACounty MINERAL
City or town CUMBERIAND (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town KHYSER (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 30 MINERAL ST.
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution? DAY	2.(a) If veteran, name war.
3. (a) FULL NAME	3 (b) Social Security Number
	74
MR. GEORGE R. HOUSEHOLDER	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED	20. DATE OF DEATH. JUNE 26, 1,46 3:02 PM
LAURA Kearons	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from
8.(0) name of nusoand of wife	JUNE 25, 19 46 to JUNE 26 19 46
7. Birth date of	and that I last saw h . 19
deceased (mo., day, yr.) NOVEMBER 19, 1871	Immediate cause ph. death
8. AGE: Years Months Days It less than one day	Cos annomologis
74 7 7hrsmin.	
11 + 1 1 000 (Care Descrip
9. Birthplace	Due to Malmant
10. Usual occupation RETIRED Carriage	
land hold	Due to.
11. industry or business	
12. Name WILLIAM K. HOUSEHOLDER	Other conditions
2 13. Birthplace WEST VVRGINIA, Nampshire Co.	(Include pregnancy within 3 months of death)
M Maiden some TIA NINIA TIA DID TOOM	
14. Maiden name HANNA HARRISON Hampshire Co.	Major findings of operations.
\$ 15. Birthplace WEST VIRGINIA, Hampshire Co.	Date of op.
16. Informant MEMORIAL HOSPITAL	Autopsy results
Address CTIMBERT, AND ID	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VtOLENCE: It death was due to external causes, fill in the following;
(Eurial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or cremator Ducenspoint Com	Where did injury occur?
Comercial of the community of the commun	
Location Respect Wila.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. D. S. Rogers	Meens of Injury Injured at work?
1/ // //	2/1/1/
Address Keyper, 100. Va.	23. SIGNATURE // Pacel
10 Hear 28. 1046. A. P. Wanklin, M.D.	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Star 18 46



139.

WILLIAMS 2411 N. Charles St., Baltimore

05542

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ATTEGANY	
City or lown	State MARYLAND County ALLEGANY
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 70 E. LOO STREET
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution? 6 Weeks	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MRS. EMMA JANE HUNTER	noue-
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOWED	20. DATE DF DEATH
CARTIET T UTINOUED	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
B.(b) Name of husband or wifeSAMUETsJ., HUNTER	May 2, 19 46 June 17 19 46
7. Birth date of MARCH 5. 1868	and that I last saw her June 17, 19 46
deceased (mo., day, yr.)	Immediato chee of jeath
70 7 · 2	with than the
78 3 L3hrsmin.	
9. 8irthplaceP. FINA (Town, county, and state)	Due to
10. Usual occupation. HOUSEWORK	Sucretary (Dear Chambre
	Duti Control of the c
11. Industry or business	200000000000000000000000000000000000000
12. Name JOSEPH HUNSICKER 13. Birthplace PHNNA	Other condition
	(Include free nancy within 3 more of them)
14. Malden name ESTHER HARTUNG 15. Birthplace PENNA.	Major fin Get 4 police
15. Birthplace PENNA.	
16. Informant J.S. HUNTER	Autopsy results.
Address FROSTBURG ND	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bord & 1 June 20 1946	22. VIOLENCE: If death was due to external causes, till in the following;
(Burlal, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Charles Evans Cometery,	Where did injury occur?
Location Reading, Penna.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. J. J. Durst.	Means of Injury Injured all work?
	Q 11 x 1 - 1 - 1
Address Frostburg, Md.	23. SIGNATURE THAT I AMERICAN
10 Jane 18, 1046 J. P. Wanklin, M.D.	M. D. or other 18
(Date rec'd by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly-MARGIN RESERVED FOR BINDING

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JUN 25 1946
BUREAU V S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

05543 q

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdenee of mother)
County	State Maruland County Clegary
(If outside city or town limits, write LURAL and give nearest town)	City or town (If sytside city or town limits, write RURAL and give nearest town)
How long in above place of death?	112 11 7
72 W. Loo Sk.	Streef No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Whatestar Title 1/10	inter none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Wedowed	20. DATE OF DEATH. June 1 19.46 at 7 439 M
6.(b) Name of husband or wife Hearnetta Henter	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	Sudden Slate 19
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
80 7 4min.	Coronal Sugar
9. Birthplace Washington D. C.	Due to
9. Birthplace	fyper Consison years
10. Usual occupation	Due to.
11. Industry or business Cotomac Caison Co.	
12. Name le illiage frentet	Other conditions
14. Maiden name Clinalette Conner 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Omaruland	Date of op.
16. Informant M. No Dirabeth Williams	Autopey results
Address Treathura md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burio 1 1946	22. VIOLENCE: If death was due to external causes, IIII in the following:
(Burlin, cremation, or removal Which?) Date thereof (month) (flay) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Horrett Courty	Injured at home, farm, industry, public place (where?)
18. Funeral director. O. R. Deethst	Means of Injury Injured at work?
Man of Man	man c / Jan()
Address & Thoshing	23. SIGNATURE M. D. or other
19	Address From there melling signed 6-3-46

JUN 5 1946 BURLAU V.B. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bal

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CERTIFICATE OF DEATH

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	Dan	Di		Ja	_

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Alle	4			West Vincinia. Minana
City or town	hanland	mits. Write RI	URAL and give nearest town)	······
Now long in above place	of death? 10 h	ours !	50 minutes	City or town
Hospital, Institution, or	street address where	death occurred:		Charl No.
***************************************	Memoria	1 Hos	pital	(If rural, give LOCATION)
How long in hospital or	institution? 1.0	hours	50 minutes	2.(σ) It veteran, name war
3. (a) FULL NAMI			•	3. (b) Social Security Number
Ba	by Boy J	ewell		None
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Si	ingle	2D. DATE OF DEATH June 9. 19.46 at 6:30P.
	1	1 2		
8,(6) Name of husband	or wife	*****		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
***************************************) if alive, give age	years and that I last saw it. As alive on 9 11.
7. Birth date of deceased (mo., day, y	r.) June 9	. 1946	3	
8. AGE: Years		Days	it less than one day	Immediate cause of death
			10 hrs 50	min.
7		J 116.		(Alasa Juga L
9. Birthplace	UMDEL Lan	county, and s	avland tate)	Due to.
			cemature infa	
		24		Due to
11. Industry or busines		777		
			***************************************	Other conditions
	West Vir			(Include pregnancy within 3 months of death)
14. Malden name.	Maydel	le Sta	fford	Major findings of operations
15. Birthplace	West V	irgini	ia	Date of op.
			nital	
		-		PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	Cumberl		Jaryland	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof W. (month) (day) (year)		ofune 10, 194	Accident, suicide, or homicide	
) AT TTOO	(month) (day) (year)	Where did injury occur?
			PITAL	
Location	lymbe	elan	I, md.	Injured at home, farm, industry, public place (where?)
18. Funeral director		-an	above	Meens of Injury tnjured at work?
			***************************************	a 11. 12 both to
Address		0	0+ 10	23. SIGNATURE Fuller B Whelwarth
19 Lune	10,1846	8.1	Franklei M	strar Address // 2 Bed ford 81 Date signed a Jame
Date rec'd by re	gistrar)	()	Regis	strar Address // 2 /3ev 1000 8 Date signed 0 percentage

JUN 18 1946
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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age /	2411 N. Charl	EPARTMENT OF HEALTH os St., Baltimore @@	
correct W	CERTIFICAT	TE OF DEATH Reg. Dist. No	1000000
he cor	1. PLACE OF DEATH: county Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Illy. T	Cily or town. Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	state Maryland county Allegany collection (if outside city or town limits, write RURA) and give nearest town	Rural
information carefully. The cof death clearly and legibly	How long in above place of death. Hospital, institution, or street address where death occurred:	Street No. Box 7. Route Joseph De (If rural, give LOCATION)	me
ion cles	How tong in hospitat or institution?	2.(a) If veleran, name war.	
rmati	3, (a) FULL NAME	3. (b) Social Security Number	
info	4. Sex S. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
NDING tem of i	Female White Married	2D. DATE OF DEATH 6/5/46	35 _M
OR BII every i	8.(b) Name of husband or wife Daniel E. 6.(c) If alive, give age	21. LOERTIFY that death occurred on the date above stated: that i stended deceased from 19 % to from 5 19 and that I last saw h	46
	8. AGE: Years Months Days If less than one day 60 // /7hrsmin.	Immediate cause of death	TIDN
E LE	9. Birthplace La. Me Kees port (Town, county, and state)	Due to allumlumi que	~l
0 0	10. Usual occupationHOUSEWILE 11. Industry or business Own Gome	Due to.	4.
4 E	12. Name Richard D. Arery 13. Birthplace England	Diher conditions.	
WITH UNI	# 14. Maiden name Ellen Dolrymple	(Include pregnancy within 8 months of death) Major findings of operations	
<u> </u>	16. Informant Dorothy Phillips	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
PLAINLY, s especially	Address 3711 Macomb St. N. W. Washing ton D.C. 17. Burial (Burial, cremation, or removal, Which?) Dale thereof Tune \$1946 (month) (day) (year)	22. VIOLENCE: If death was due to external pauses, fill in the following;	
E SI	(Burial, cremation, or removal. Whiteh?) Cemetery or crematory Zion Memorial Park	Where did injury occur?	
9.45-15 WRITE	Location Comberland, Md.	Injured at home, farm, Industry, public place (where?)	
VS A15	Address Carelandand Tund	h three MII)	
VS	19 (Date rec'd by registrar) 18 46 & Pytranklin M. A. Registrar	23. SIGNATURE M. D. or other Address Date signed 6-6-	-76

RECEIVED

JUN 11 1946

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

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	Reg.	Diat.	No

Medical Examiner

4

1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of 1				
		State Maryland county Allegany. City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Frederick St. a extended				
Fr	ederick St.	, exter	nded	Street No. (If rural, give		
How long in hospital or institution? 3. (a) FULL NAME Elizabeth K.Jones		2.(a) If veteran, name war. 3. (b) Social Security Number None				
					4. Sex	5. Color or race
Female	White		Warried	20. DATE OF DEATH June 2nd.,	19.46	at 4 P.
6,(b) Name of husbar	nd or wifeJob	n Jone	a	21. I CERTIFY that death occurred on the date abo	ve stated; that t attended dece	esed from
7. Birth date of			If ailve, give ageyears	and that I last saw h		
deceased (mo., da) 8. AGE: Yes	y, yr.) June 1 ars Months	Days 16	ft less than one day	Immediate case of death		
10. Usual occupation 11. Industry or busin 12. Name	Chas. Hofer Germany Unknown	lsewife	y, Maryland	Due to Dither conditions. Cardio-rens disease (Include pregnancy within 3 m Major findings of operations. Aatopsy results. no autopsy	al-vascular	i yr.
Address Frederick St. Cumberland, Md 17. Burial Date thereof June 6, 1946 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)		PHYSICIAN: Please underline the cause to whe 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	ses, fill in the following;	statistically.		
Cemetery or crem	atory Dumr	ner Cem	etery	Where did injury occur?(City or town) Injured at home, farm, industry, public place (wi		
18. Funeral director	William F umberland, 1	l. Kigh Marylan	t d P. Franklii, M. Registrar	Meane of Injury 23. SIGNATURE	Injured at work?	u W. I

Deputy

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. HMARGIN RESERVED FOR BINDING

JUN 11 1946
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

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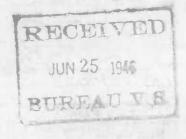
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B9)

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	-		-	-	-

CEDTICICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: countyALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cliy or fown	State MARYLAND County GARRETT City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealn? 5 HOURS 2 15 MINS. Hospital, institution, or street address where death occurred: MENORIAL HOSPITAL.	Street No
How long in hospital or institution? 5 HOURS & 15 MINS	2.(a) if veleran, name war
3. (a) FULL NAME T.A VERTA MAR KAHI.	3.(b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) JUNE 16 1946 8. A.G.E. Years Months Days If tess than one day	and that I (as) saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. BirthplaceACC_IDENT	Due to. Due to.
12. NameRAYMONDKAHI	Other conditions
E 14. Malden name NELLIE DETRICK	(Include pregnancy within 3 months of death) Major findings of operations.
ž 15. Birthplace MARYTAND	
16. Informant MEMORIAL HOSPITAL	Autopsy results
Address CUMBERLAND, MARYLAND 17. (Burial, cremation, or removel, Which?) Cemetery or crematory Service Sutheran Claration	22. VIOLENCE: If death was due to external causes, fill in the following; Accidenf, suicide, or homicide
Location accedent, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Um Winterberg. Address Grantsville, and.	Meens of Injury tnjured at work?
18. June 17 19.46 J. P. Franklin, M. A. Registrar	23. SIGNATURE M. D. or other Address President Jud Date signed 6-16-46



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

:05548

Reg. Diat. No..

1. PLACE OF DEATH: County Alegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord infinite give residence of mother)
	State Sounty Ally County
City or town (If our fielde city or town limits, write RURAL and give nearest town)	(7 H)
How long in above place of death? Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where beath occurred:	Street No. (a fundamental street No. (a fund
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Francis Fatrich	Teller 217-10-6069
4. Sex 5. Color or rage 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While married,	20. DATE OF DEATH. 18 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
B.(b) Name of husband or wife management domains	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(//	July 20 Ashty to find you 19th
7. Birth date of	and that I last saw h Malive on 19 110
deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day	Immediate cause of death
56 0 5	Coronery Otelway Then
9. Birthplace Lock laces (Town, county, and state)	Due to.
10. Usual occupation	
11. Industry or business Descurs Pergalar Co	Duo lo
12. Name Transier Trackers Trackers	Other conditions
2 13. Birthplace Constraint, March	(Include pregnancy within 8 months of death)
E 14. Maiden name Of Leans	Major findings of operations.
\$ 15. Birthplace Cachelant, 24 .	Date of op.
16. Informant	Autopsy results
Address 6 7. Jan A. Pleasant S. Frost	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bired Date thereof 6-24-1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Location fig 2 1	Injured at home, farm, Industry, public place (where?)
18. Funeral director and the state of the st	Means of injury
Address Frestling Ind	All Tatlessa MIN
16-24 WITHIN VOUNTER	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address TANAMA MAG Dato stened (2) 21/11





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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore (33)

CERTIFICATE OF DEATH

05549 q

1. PLACE OF DEATH: Alles and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Md. county Allegany
(If outside city or town limits, write RURAL and give nearest town)	En L
How long in above place of death? 2 i fetizae	(If outside city or town limits, write RURAL and vive nearest town)
Hospital, institution, or street address where death occurred:	Street No. B. F.D. #
Miner's Hospital	(If rurai, give LOCATION)
How long in hospital or institution? 2 days	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Ann O'	neal Kennex
4. Sex 5. Color or race 6.(a) Yingle, married, widowed, or divorced	MEDICAL/CERTIFICATION
Female W Widowed	20. DATE OF DEATH JUNE 15 1946 at 330 PM
8.(6) Name of husband or wife John Joseph Kenne	21. I CERTIFY that leath occurred on the date above stated; that attended deceased from
	Jan 30 18 46 10 June 5 1846
7. Birth date of	and that I last saw hell allye on the same is 18
deceased (mo., day, yr.) Aud. 15, 1876	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	(182 and mistaiding seren
69 9 21hrsmin.	mo
a Richardon BARTON Allesanve. Md.	0
9. Birihplace (Town/county, and state)	Due to. A letus Salleans
10. Usual occupation	Due to
11. Industry or business	
12. Name John O'Neal	Dther conditions
13. Birthplace /re/amd.	
	(Include pregnancy within 8 months of death)
14. Malden name Sarah Mc Manus 15. Birthplace / re/and.	Major findings of operations
El 15. Birthplace / re/and.	Date of op.
16. Informant Mary B. Henney	Autopsy results.
0/1 4/01 8/14 11/	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1618 Mal Worth Ma, Ballo, MA.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereot June 9 7th 1946. (month) (day) (year)	Accident, suicide, or homicide
cemetery or crematory St. Michaels Exacted	Where did injury occur?
Location Swetting ud	Injured at home, tarm, industry, public place (where?)
18. Funeral director Jacob Thase	Means of Injury Injuryd at work?
7. 1.	(11anc)
Address Tibelburg, Maryland	23. SIGNATURE WOLFE
10 6/8 1046 hus O. M. Price	4. M. D. or other 46
(Date red d by registrar) acting. Registrar	Address. Date signed.
ナ.	



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

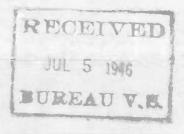


05550

CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegary	mary mary allegame
City or town	wn) / Kiple
Herilong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ospital, Institution, or street address where death occurred:	Street No Rt. 1 Par Par H. Vas.
Mr # 1 Cant Vant It. U.	(If rural, give LOCATION)
ow long In hospital or Institution?	2.(a) tf veteran, name war.
B. (a) FULL NAME	3. (b) Social Security Number
Inlda Viranna	Kerns Ime
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
to a White Williams of	Grand 21 46 2P
amar marina	20. DATE OF DEATH. 19.4 b. 19.4 b. 21
5.(b) Name of husband or wife tralsmare / Kusmo	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Inch 9 1863	and that I last saw h. T. alive on
B. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
ga.	min.
61401	
Birthplace (Town, county, and state)	Due to
O. Usual occupation / dringsinte	
	Que to
11. Industry or business	
12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace	— Qale of op.
Alman Kings	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Striffer and.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal, Which?) Dale thereof (month) (day) (y.	Accident, suicide, or homicide
Marker Rider 11.	Where did injury occur?
Cemetery or crematory	
Location Della Trade	Injured al home, farm, Industry, public place (where?)
18. Funeral director. Armin Stein Onc	Means of Injury Injured at work?
Address Complesioned.	() - 1/4 - To M +
1/ 1 m. Par II	23. SIGNATURE M. D. or other
19. 0/26 19.46 1105 CU. Ohom	10 2 Contrary 4/11 16-27-4
(Date rec'd by registrar)	ACKIECT OF IT ADDRESS



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

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Reg. Diat. No......

CERTIFICATE	OF	DEATH

1. PLACE OF DEATH: County Clegary	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Management County fillingurang
How long in above place of death? 30mo	City or town (If outside city or sown limits, write BURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 215 13 Lall Sh
2/5 Deall 8h	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Alice Prom His	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, withowed, or divorced	MEDICAL CERTIFICATION
Homele White Phidoned	20. DATE OF DEATH. Imme 27 19 46, 21 11 2/
6.(b) Name of husband or wife John J. Kidwell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 5 10 0 7 1 19 6
7. Birth date of deceased (mo., day, yr.) Jame 29 1879	and that I last saw half alive on 18.44
8. AGE: Years Months Days If less than me day	Immediate carry f death DURATION
67 - 2hrsmin.	(all me
9. Birthplace Scotphale la	Out to DI get. Line ast
(Town, county, and state)	1420.
10. Usual occupation	Due to.
11. Industry or business	
12. Name Jacob M Frothing	Other conditions
12. Name Jack W Fredning. 13. Birthplace Knight W. Va.	ζ',
14. Malden name Othlenda Strick	(Include pregnancy within 3 months of death)
14. Maiden name Othlinda Strick 15. Dirthplace Knypprod M.	Major findings of operations
16. Informant Bus Ollie Ward.	Antopsy results. 212 , a
Address Com Ser Land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
P	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location formuland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Timo Stein Gra.	Means of Injury Ujured at work?
Address Commerciand.	That Aid in
Q1 , 11 a Ptar leli m	23. SIGNATURE M. Dror other
Date rec's by registrar) Registrar	Address the bollow at signed 6-18-4

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Williams

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DR. ENFIELD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	207	ER.	

05552

CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County GARRETTE State MARYLAND (If outside city or town limits, write RURAL and give nearest town) ACCIDENT (If outside city or town limits, write RURAL and give nearest town) MEMORIAL HOSPITAL (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MARRIED MALE 24. FLERTIFY that death occurred on the date above stated; that A stiended deceased from 6.(b) Name of husband or wife MRS OLIVE KING 7. Birth date of AUGUST 19. 1866. deceased (mo., day, yr.) DURATION tf less than one day 8. AGE: (Town, county, and state) 11. Industry or business 12 Name KING, EDWARD E. GERMANY 13. Birthplace (Include pregnancy within 3 months of death) FREELAND, MARY HLOW 14. Maiden na PHYSICIAN: Please underline the cause to which death should be charged statistically. Date thereof... 6-17-19416 22. VIOLENCE: If dealh was due to external causes, fill in the following; (Burial, cremation, or re Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? (City or town) (State) Injured at home, farm, industry, public place (where?) mured at work? Means of Injury 23. SIGNATUR M. D. or other (Date rec'd by registrar)

Address ...

information carefully. The confeath clearly and legibly. tem of i ARGIN RESERVED FOR BINDING Supply ease wri

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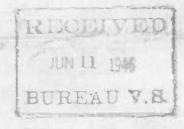
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

			ATE OF DEATH	05553 4 Reg. Dist. No. 4
1. PLACE OF DEATH: County			MEDICAL CER 20. DATE OF DEATH	Allegany rite RURAL and give nesrest town) CATION) 3. (b) Social Security Number None TIFICATION 3. 46 219-45.
6.(b) Name of husban 7. Birth date of deceased (mo., day.	······		ars and that last saw h Madalive on	1010 July 3 11
1D. Usual occupation	l	1 legany Co. Maryland county, and state)		Euter
E	Anthony Lag	retta	Other conditions	
13. Birthplace Indianapolis, Indiana 14. Maiden name Ella Grunfielder 15. Birthplace New York, N. Y.			(Inclode pregnancy within 3 mon	ths of death)
Address 135	W. Third S	t, Cumberland, Md.	PHYSICIAN: Please wood rline the cause to which 22. VIOLENCE: If death was due to external causes,	
Burisl 6/5/46 (Burial, cremation, or removal. Which?) Cemetery or crematory. St Patricks Cemetery				(Coonty) (State)
Location Cumberland, Md. 18. Funeral director William H. Kight			Injured at home, farm, Industry, public place (where	Injured at work?
19. June	15 1946	J. P. Tranklin M.	23. SIGNATURE John	M. D. or thet 3



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 943

CERTIFICATE OF DEATH

Dr Walter

05554 Reg. Diat. No.

1. PLACE OF DEATH: OOO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant/give residence of mother)		
County.	State Mary and County Ollegary		
City or town	City or town A Prosthura		
How long in above place of death?	(If outlide city or town limits, write RURAL and give nearest town)		
286 2. Main ST.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Have core from	mere none		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Terrale While Widowed	20. DATE OF DEATH JUNE 19.46 , al 9 A M		
6.(b) Name of husband or wife Jeury demmert	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) It alive, give ageyears	3 2 19 46 to 6 19 66 and that I last saw h. ev alive on 5 3 19 46		
7. Birth date of deceased (mo., day, yr.) March 10. 1875			
8. AGE: Years Months Days If less than one day	Coronary Thrombosis 11day		
11 2 2/hrsmin.			
9. Birthpiace Chart allegans md	Due to		
(Town, county, and state)			
10. Usual occupation	Due to		
11. Industry or business home			
E 12. Name James Clases 13. Birthplace Scotland	Other conditions		
# 14. Maiden name Margaret Dudley	(Include pregnancy within 8 months of death)		
15. Birthplace Scotland	Major findings of operations.		
Mana. In and			
16. Interment	Antopsy results		
Address Johnstown 11a	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
17 Date thereot	Accident, suicide, or homicide Date of		
Cemetery or crematory allegan benefits	Where did injury occur?		
Location Frontiera mad &	Injured at home, farm, industry, public place (where?)		
18. Funeral director. Q. R. Quratt'	Means of Injury injured at work?		
Address Freethure md	4:00 Danelia the mano		
AUDICOS TO THE TOTAL OF THE TOT	23. SIGNATURE MAD or other		
19	sides Frostfure me note signed 6/3/12		

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age The correct PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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		CERTIFICAT	E OF DEATH	Reg. Diat. No	9
City or town(If o	gany ckhart M utside city or town liv of death? S street address where		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of re	nty	rest town)
3. (a) FULL NAMI				3. (b) Social Security	Number
		Townia		214-07-68	
4. Sex	Thomas 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	1 9
Male	White	marriedLewis	20. DATE OF DEATH. June 7 16		. at 1.1
		Garland Wigfield	21. I CERTIFY that death occurred on the dale abo	ve stated; that I attended daces	ased trom
			im # 22	Tune 18	1946
7. Birth date of	11.) Feb 2		and that I last saw h i.M. and odead.		DURATION
8. AGE: Years	Months	Days If less than one day 2 4min.	Immediate cause of death	endita	1./2
9. Birthpiace	thank (Town.	myl county, and state)	Due to Traphus Liver		1944
10. Usual occupation	Celania	n	Due to		•
12. Name	hor La		Other conditions		
	ras atild	My Blank	(Include pregnancy within 3 r		
14. Maiden name.	Esh	or med	Major findings of operations.		*******************
16. Intermant \$2.4	in a 7	(ewis (ewiha)	Autopsy results	hich death should be charged	statistically.
Address &	al chart	Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external cat Accident, suicide, or homicide	uses, till to the toilowing;	
(Burial, cremation	ory Elhka	(month) (day) (year)	Where did injury occur?(City or town)		
-	8-66- 7	- · m d-	Injured at home, farm, industry, public place (w		
Location4	A COLOR		Maens of Injury	Injured at work?	
18. Funeral director	O Fran	ething Mid		4/1/	
Address	, 41	Min House N. Reve	23. SIDNATURE H.V. Deming 1	М. D.	or or or
(Date rec'd by re	egistrar)	Registrar	Address 125 Badford 55	buland Date signed.	6 1 7



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1610

CERTIFICATE OF DEATH

this.

05556

Reg. Diat. No.

1. PLACE OF OPATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
City or town.	State Maryland County allegany
(If outside city or town limits) write RURAL and give nearest town)	City or town Baston
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Muses 435 Octal	Street No
////	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
10-17 voiego ouce	
4. Sex 5. Color or race 6.(α) Single, married /widowed, or divorced	MEDICAL CERTIFICATION
18 ale W Single	20. DATE DF DEATH Jane 6 18.46 21/25 M
	21. A SERTIFY has death occurred on the date above stated; that Lattended deceased from
B.(b) Name of Busband or wife	Jane 5- 18 46 to June 6 18 46
7. Birth date of	and that I last saw to the alive on second 6 19.46.
deceased (mo., day, yr.) 6/3/76	Immediate cause of death
8. AGE: Years Months Days It less than one day	Q. 1'1
0 0 0 1.3 hrs	1 matures
9. Birippiace Frostburg mo	Due to
(Town, county, and state)	Tollenia D Mathe
1D. Usual occupation	Photo In
11. Industry or business	905 (0
	Dither conditions
12. Name Washing Turking Tool 13. Birthplace On a coming Med	
MI The Makil Rungell	(Include pregnancy within 8 months of death)
14. Maiden name Augusti	Major findings of operations.
2 15. Birthplace Burton Mice	Bate of op.
16. Informant Muss Wishers Toal	Autopsy results.
Address Barton Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 (1)	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or ramoval. Which?) Date thereof (bonth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Description James Well	Where did injury occur?
Location Description	Injured at home, tarm, industry, public place (where?)
7. 1/10	Means of Injury Injured at work?
18. Funeral director Classical Control	11.000 1/1/2 3.00
Address Westeruput mas	23 SIGNATURE HIS da Jeurwel Tuy und
10 6/6 10 A6 Mrs 9 80. Pruce	E Holde 70. M. D. or other
(Date rec'd hy registrar) Registrar	Address) NON Page 1 Man Date signed 6/6/76
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

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V	V	U	U

1. PLACE OF DEAT	ГН:			2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegany				(For newborn infants give residence of mother)
Ounty	Cum	berlan	d	State Maryland county Allegany
City or town(If out	tside city or town li	mits, write b	d CURAL and give nearest town)	City or town. Vale Summitt (If outside city or town limits, write RURAL and give nearest town)
How long in above place of	f death?	15. Ye	ars	
				Street No. Rural
***************************************	Sylvan	netrea	<u>V</u>	(If rural, give LOCATION)
How long in hospital or l	nstitution?	15. Ye	ars	2.(a) If veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
		nnie L		None
4. Sex	5. Color or race	B.(a)Singi	le, married, widowed, or divorced	OMEDICAL CERTIFICATION
Female	White		Single	2D. DATE OF DEATH 1946, 21 1546
6,(b) Name of husband or	wife		****	21. LCERTIFY that realh occurred on the date above stated; that I attended deceased from
		В.((c) If alive, give ageye	ears 1920 to 175 #
7. Birlh date of deceased (mo., day, yr.		h 4, 1		and that I last saw h
8. AGE: Years	Months	Days	If less than one day	Immedia cause of death
75	3	10	hrs	nin. 1/2005
	-	1		
9. Birthplace Val	e Summitt	county, and	gany Co, Marylan	Due to
10. Usual occupation		mouse	***************************************	Due to
11. Industry or business		11		
12 Name	William	Long,		Other conditions
13. Birthplace		aptown		
				(Include pregnancy within 8 months of death)
置 14. Maiden name	Altha	TOTE		Major findings of operations.
14. Maiden name	Cresapt	own, N	d.	
16. Informant	Lucian Ra	deliff	`e	Antoney results / / Day Q
	ale, Cu			PHYSICIAN: Please underline the cause to which death should be charged statistically.
				22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial	or removal. Which?	Date the	reof 6/16/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Vale	Summit	t Cemetery	Where did injury occur?
Location	Val	e Summ	itt	Injured al home, farm, industry, public place (where?)
			ght	Means of injury Injured at work?
Address	Cumberl			Mt. Milliams
Que 11			Tranklin M.	A 23. SIGNATURE M. D. O. M. D. O.
(Date rec'd by regi	19 46		Regist	trar Addres MML By Ass. Date signed 6 15-2

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (35)

CERTIFICATE OF DEATH

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rect.	CERTIFICAT	TE OF DEATH Rog. Diat. No.
cion carefully. The correct	1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution How long in hospital or institution	2. USUAL RESIDENCE (HOME) OF DECEASED: (For hewborn infants elve residence of mother) State Couoty City or town (If outsidecity or town limits, write RURAL and give nearest town) Street No. (If rurs five LOCATION) 2.(a) If veteran, name war
rmat	3. (a) FULL NAME ON PARTY OF THE PROPERTY OF T	3. (b) Social Security Number
IDING em of information causes of death cle	4. Sp. 5. Color or race 6.(a) Single, married, widowed, or divorced from the married of the color of the colo	MEDICAL CERTIFICATION 20. DATE OF DEATH. 10 A
FOR BIN oly every it write the	6.(b) Name of husband or wite Hesheld of Long. 6.(c) It elive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day HO hrs. min.	21. I CERTIFY that deaded occurred on the plate above stated; that fattended deceased from 19 to 19 and that I last saw b alive on 19 Immediate cause of death OURATION J. Share
RESER G INK.	9. Birthptace Outs And State) 10. Usual occupation Description 11. Industry or business	Due to
	12. Name	Other conditions
tan	13. Birthplace Ond	(Include pregnancy within 3 months of death)
T)HTIW	14. Malden name	Major findings of operations
PLAINLY, W	16. Informant Herbert de dong Address Amsterland	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tottowing;
E F F	(Burial, cremation, or removal. Which?) Cemetery or crematory Date thereot	Accident, suicide, or homicide
9.45-1	Location Old Formace P. Va	Injured al home, tarm, industry, public place (where?)
	18. Funeral director Atrico Sturn One	Meens of Injury Injured at work?
VS A15	Address 19 June 11 1946 J. P. Tranklin, M.S. Registrar	23. SIGNATURE Complete Super S

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JUN 18 1946
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The correct age

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (140)

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CEDTIFICATE OF DEATH

(by rolling of the control of the co	CERTIFICA	Reg. Diat. No.
State. Characteristic for cown limits, write AUCAL and own phonest cown) or long in above place of death? Or long in above place of death? Or long in he people of certification of the control of the	1. PLACE OF DEATH:	2. USUAL-RESIDENCE (HOME) OF DECEASED:
with the set of dealth. Street 18. City or town. It controlled etc. or form limite, write RUIAL and pres promote town) to the part of the present address white Bully occurred. Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) to too log. In heaping in estilulizar. Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It controlled etc. of town limite, write RUIAL and bits nearest town) Street 18. City or town. It crues a controlled etc. of town limites. With a subset town limites write RUIAL and bits nearest town) Street 18. City or town limites. With a subset of sale and country limited at work? Street 18. City or town limites. With a subset of sale a	County Classification of the County County County	
The long in above place of death? (If control de city of forwin limits, with EURAL and diffé nearest town) Street No. (If control de city of forwin limits, with EURAL and diffé nearest town) Street No. (If control de city of forwin limits, with EURAL and diffé nearest town) Street No. (If control de city of forwin limits, with EURAL and diffé nearest town) Street No. (If control de city of forwin limits, give EOCATION) (If control de city of forwin limits, give EOCA	to action bunderland.	State County County
wing in above place of dealth? Siree! No	(Il outside city or town limits, write RURAL and give nearest town)	City or town / Curry terfans
spilal, Including or great address white class occurred with the country of the control of the c	w long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
long in hospital or institutions. 2.(a) If reteran, name was 3.(b) Social Security Number (Linux) 3.(c) Social Security Number (Linux) 3.(d) Social Security Number (Linux) MEDICAL CERTIFICATION 20. DATE OF DERTY 21. ICERTY Play Seath occurred on the data above stated, that I spirited decased from the data of the state above stated, that I spirited decased from the data of the state above stated, that I spirited decased from the data of the state above stated, that I spirited decased from the data above stated, that I spirited decased from the data of the state above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated, that I spirited decased from the data above stated from the data above stated decased from the data above stated f	ital, institution of street address where death occurred?	Street No // Mare, or
3, (6) Social Security Number Novel Social Security Number Novel MEDICAL CERTIFICATION 20. Date of Beatty 21. I CERTIFY Videnth occurred on the data above shiplyd; that I patiended decayeed from the date of the data above shiplyd; that I patiended decayeed from the data say. AGE: Tears Menths Days If the sail of limited the course of the data above shiplyd; that I patiended decayeed from limited the course of the data above shiplyd; that I patiended decayeed from limited the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd above shiplyd; that I patiended decayeed from limited to the course of the data above shiplyd above	11 stall St	
5. Color or rice 6. (a) Single. married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH	w long in hospital or institution?	2.(a) If veleran, name war
Sey S. Color or ricke S. (co) Single. marries, widowed, included the second of husband or wife. It is a second or wif	(a) FULL NAME	3 (b) Social Security Number
(b) Name of husband or wife. A like the state of the date above styles, that I sylanded deceased from secret on the date above styles, that I sylanded deceased from another of the date above styles, that I sylanded deceased from another of the date above styles, that I sylanded deceased from another of the date above styles, that I sylanded deceased from another of the date above styles, that I sylanded deceased from another of the date above styles, that I sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another of the date and the sylanded deceased from another and the sylanded deceased from another and the sylanded deceased from another and the sylanded deceased from another and the sylanded deceased from and the sylanded deceased from and the syl	Howard Janlor	Mahaney None
(b) Name of husband or wife	Sey 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
(b) Name of husband or wife	male Whate Widow	() (/ +0.
Birth date of deceased (mo., day, yr.) AGE: Years Months Days If less thandons ply Birthplace Trown, country, and states 12. Name of the states of the st	me I'm I rained	20. DATE OF DEATH 19 19 21 10 - 1
Birth date of deceased (mo., day, yr.) AGE: Years Months Days If less than one ply Birthplace Months Days If less than one ply Due fo. Due fo. Dither conditions. Dither conditions. Dither conditions. Dither conditions. Date of op. Address Date of op. Anteropy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Manual Anteropy results. Physician, resmuston, or espoyal. Which is a place of the cause to which death should be charged statistically. Address Manual Anteropy results. Physician: Physician: I death was due fo external causes, fill in the following: Accident, suicide, or homicide. Date of mere? Manual Antony results. Physician: I death was due fo external causes, fill in the following: Accident, suicide, or homicide. Date of mere? Manual Antony results. Physician: I death was due fo external causes, fill in the following: Accident, suicide, or homicide. Manual Antony results. Physician: I death was due fo external causes, fill in the following: Accident, suicide, or homicide. Manual Antony results. Physician: I death was due fo external causes, fill in the following: Accident, suicide, or homicide. Manual Antony results. Physician: I death was due fo external causes, fill in the following: Accident, suicide, or homicide. Manual Antony results. Physician: I death was due for external causes, fill in the following: Accident, suicide, or homicide. Manual Antony results. Physicians of injury injured at work? Manual Antony results. Manual Antony results. Physicians of injury injured at work? Manual Antony results. Physicians of injury injured at work? Manual Antony results. Physicians of injury injured at work?	Na thering Halmink	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from
Birth date of deceased (mo. 6ay, yr.) AGE: Veers Months Birthplace 11. Industry or business 12. Name of the findings of operations. 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Birthplace 19. Barthplace 19. Birthplace 19. Birthplace 10. Birthplace 10. Birthplace 11. Maiden name 12. Name of birthplace 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Major findings of operations. 19. Antopsy remits 22. VIOLENCE: If death was due to external causes, fill in the following: (Surial, cremation, or removal, Whiptish) 22. VIOLENCE: If death was due to external causes, fill in the following: (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Injured at work? Address 23. Signature 24. Signature 23. Signature 23. Signature 24. M. D. or other	(O) Name of husband or wife.	
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Birthplace Town, county, and states Due fo Due fo 12. Name (Include pregnancy within 3 months of death) Major findings of operations. Date of op Antopsy remits. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Major findings of operations. Cemetery or crematory (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Major findings of operations. 22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide. Date of Misens of injury injured at work?	AGE: 10015 Months	
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Due fo Due fo Due fo Due fo Due fo Dither conditions. Dither conditions. Date of op. Date of op. Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide Date of op. Macro did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Macro of injury Injured at work? M. D. or other M. D. or other	Birthplace	
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12. Name 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. 15. Birthplace Informant Address Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of op. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Misens of injury injured at work? Misens of injury injured at work? Misens of injury accur? Misens of injury injured at work?	Usual occupation	Due fo
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14. Maiden name. 15. Birthplace 8. Informant. Address 7. (Burial, cremation, or removal. Which) Cometery or crematory Location Location Address Add	and t	
14. Maiden name 15. Birthptace 6. Informant Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at work? Address 23. Signature 23. Signature 23. Signature 24. M. D. or other	13. Birthplace	(Include pregnancy within 3 months of death)
Address Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, cremation, or removal. Which the computation of country of the co	14. Maiden name Carsh Sundy	
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of	100	
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22, VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide	1 13. Birinpiace	
Address Date fhereof (month) (day) (year) Cemetery or crematory (City or town) Location (Date of (month)) B. Funeral director (Manual County) Address Address Address Address Address Address A. Date fhereof (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Msens of injury injured at work? M. D. or other	Informant Miss will make many	Autopsy results
Date fhereof (month) (day) (year) Cometery or crematory (City or town) (County) (State)	I have been of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Accident, suicide, or homicide	AUDIESS CHARACTURE	22. VIOLENCE: If death was due to external causes, fill in the following:
Cometery or crematory Location Location Address Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Misens of Injury Misens of Injury 23. SIGNATURE 24. D. or other	Date thereof Smil 14 4	
Location Injured at home, tarm, industry, public place (where?) Meens of Injury Injured at work? Address Address 23. SIGNATURE M. D. or other	(Burial, cremation, or removal. Which)) (month) (day) (year)	
Location	Cemetery or crematory & Leading Comments of the Comments of th	Where did injury occur?
Address Address Acres 13 1946 9. P. Tranklin M. D. Signature 23. Signature 24. Signature 24. Signature 25. Signature 26. Signature 27. Signature 28. Signature 29. Signature 29. Signature 20. Signature 20	al la Releasel	
Address Address Address 23. SIGNATURE 24. M. D. or other M. D. or other	Location	
Address Comboling 23. SIGNATURE Clay . Agreets M.D. or other M.D. or other M.D. or other	8 Funeral director Man Steen Inc	Misens of Injury Injured at work?
June 13 1946. J. P. Tranklin M. D. 23. SIGNATURE.	A A	20 8
June 13 1946. J. P. Wanklin M.D. Shall June 13 194	Address Communa	22 CIONATURE Clearly tyreth
18T 1 18T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 46 0 Phr. W. m	M. D. or other
	(Date reall by registres)	ar Address Date signed 3, 1946.



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ALTERIAN COMPLETE

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VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

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- (7	J	0	6	U

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Reg. Dist. No.

County	Alle	gany	(For newborn infunts give residence of mother)
	A	erland limits, write RURAL and give nearest town)	State Maryland County Allegany
			City or town
How long in above plac Hospital, Institution, o		death occurred:	
		••••••	Street No. 428 Arch St
3. (a) FULL NAM	E		3. (b) Social Security Number
	Jos	ephine Rowan McClai	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Widowed	
			20. DATE OF DEATH June 19, 19.46 21 6:10Pm
		in McClain	
*****		6.(c) It alive, give ageyer	19. 4 5 10 19. 4 5 10 19. 4 5 10 19. 19. 4 5
7. Birth date of deceased (mo., day,	yr.) Nov.	3, 1869	
8. AGE: Year	s Months	Days If less than one day	Jamediate cause of death Our Service Courses 5 yes
76	7	16m	in.
	Altamo	nt, Md.	Que to Chronica De your della 2 year
	(Town	, county, and state)	
10. Usual occupation.	Owne	ŗ	Bue to Oracina 3 wst.
11. Industry or busines	Boa	rding House	DU8 TO
当 12. Name. J	ohn Rowa	n	Other conditions
13. Birthplace	T 3 3		
		arney	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace	Ireland	3.2.12.3. <i>U</i>	Major findings of operations.
		-	— Date of op.
		Joyce	Autopsy results
Address 432	Grand A	ve. Cumberland, Md.	
17 Buri	al , or removal. Which	Date thereof June 22, 194 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
		Patricks Cem.	(City of Lown) (County)
Location	Cumb	erland, Md,	Injured at home, tarm, industry, public place (where?)
18- Funeral director	Charl	es L. George	Means of injury Injured at work?
Address		rland. Md.	along & turns
- 11	1	110011	23. SIGNATURE. M. D. or other
19. June	127,19 46	J. Thankley M.	A. D. or other B. D. or other B. D. or other B. D. or other C. C

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The

1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 4

(a) County Allegady	2. HOME (USUAL RESIDENCE) OF DECEASED:
	(a) State MA Aylows (b) County Allega Ny
(b) City or town	
(c) Street address, hospital, or institution:	(c) City or town (If outside city or town limits, write RURAL and give town)
659 Feyette ST	(d) Street No
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?years
3 (a) FULL NAME 2	
6 mma Unna III	Donald.
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION 9 30
No.	20. Date of death 1996, at 10 M
4. Sex / 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-
flw W divorced. We downed	ed deceased from my, 20 1946 July 7/ 196
6 (b) Name of husband or wife James 2003 Aundly	
9- //	and that I last saw him alive on 19441. VO 19. 46.
6. (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) aug-4-1864	The second of th
8. AGE: Years Months Days If less than one day	Due to Cillia Schoons. 15 ig.
81 10 17 hr. min.	
	Due to
9. Birthplace FIRM RORE GARRETT, MARY laws	
10. Usual occupation House wife	Other conditions
11. Industry or business Own None	(Include pregnancy within 8 months of death) PHYSICIAN
~	Major findings: Underline th
12. Name Jesse Michaels	Of operations cause to which
13. Birthplace FIRM Rock, Md.	Of autopsydeath should be charged statistic
14. Maiden Name NANGY FAXENBAKER	cally.
15. Birthplace Firm Rock Many lend	22. If death was due to external causes, fill in the following:
16 (a) Informant Mes. H. B. MARLEY	(a) Accident, suicide, or homicide
(b) Addressloremad Rong, Campodows, He.	(b) Date of occurrence
	(c) Where did injury occur?
(Burial, cremation, or removal) (Burial, cremation, or removal) (Burial, cremation, or removal)	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory & AUREI Will Esquera	place?While at work?
Location Moseow, Ma.	(Specify type of place)
18 (a) Funeral director Ellsworm J. Boal	(e) Means of injury
(b) Address III Charen JT, Nester Npar, Md	23. Signature A Classon and
19 (a) King 23/46 (b) Bassalhaker MU.	19191000 CILI 1 KMD. or other D 111
(Date rec'd by registrar) Registrar	Address yeller of secular out for

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MARYLAND STATE DEPARTMENT OF HEALTH

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Reg. Dia	t. No.			.T

	2411 N. Charles St., Baltimore U5562 4 CTIFICATE OF DEATH Reg. Dist. No4
1. PLACE OF SEATH: County	Street No
3. (a) FULL NAME Genzagas	Incitrate 3. (b) Social Security Number 214-05-830
4. Ser 5. Coloffer race . G. (a) Single, married hidowed, of	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
8.(c) It allive, give age 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4. 15. 46. 19. 10. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days It less than one of the state o	day Immedite cause of death OURATH Susta
9. Birthplace (Town, county, and state) 10. Usual occupation.	Stree Due to.
11. Industry or business State	d. Other conditions.
14. Maiden name Ann Cassey	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Cumberland	Autupsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or remryal, Which?) Cemelery or cremajory	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location Complexed God 18. Funeral director Lecture Sterning Day	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
Address Immteriard 19 June 7 19 46 J. P. trankle	23. SIGNATURE M. D. or other M. D. or other Address M. D. or other

JUN 11 1946 BUREAU V.S. MARGIN RESERVED FOR BINDING

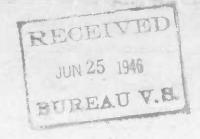
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

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					4
Re	g. I	Diat.	No.	 	L.

CERTIFICATE OF DEATH

CET: Project	Charles St., Baltimore (3-2)
CERTIFI	CATE OF DEATH Rog. Diat. No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Allynny	(For hewborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town	State State County County County
low long in above place of death?	(if outside city or town limits, write RURAII and give nearest town)
Hopeltal, Institution, or street address where death grouped:	Street No. 209 Columbia St
Inmoral Italian	(tf rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
I selem N. M.	mdimballe 213-22-3546
4. Say 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
hale Whate Widowed	Que 30 46 10%
mue more marine.	20. DATE OF DEATH
8.(b) Name of husband or wife dama lamans	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	years and that I last saw h alive on 2 19
7. Birth date of deceased (mo., day, yr.) Ang 25 1864	
8. AGE: Years Months Bays If less than one day	Immediate rause of death DURATI
81 9 7.5hrs.	min. Myssil Markette . St.
1:100,00,1	1 . The Ces (Brailing deservor 24
9. Birthplace (Town, egunty, end atate)	Bue to.
1B. Usual occupation Incashanh	astero clevosos 10
11. Industry or business . Cran store.	Due 10.
= 12. Name Westo- mendenhall	Other conditions.
13. Birthplace	
KI G	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiadings of operations.
E 15. Birthplace	Bate of op.
16. Interment Processing Cagar Reynolds	Autopsy results.
Address Campbelland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busico Come m	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (ye	
Cemetery or crematory DTDL Still Class	Where did injury occur?
Location A. A. Carmberland	Injured at home, farm, Industry, public place (where?)
y H. O.	Means of injury Injured af work?
18. Funeral director AMA MANAGEMENT AND MANAGEMENT	A 11 60
Address Comperland	23. SIGNATURE / TUBLICATION
10 6-2/2 146 46 Franklin M	7. D. 196 Marion at Francisco (M. D. or Street
(Dita was'd by registrar)	existrar Address Address Address Address State of the State State of the State State of the Stat



MARYLAND STATE DEPARTMENT OF HEALTH

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D	ist	. N	0		4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY	State MARYLAND County ALLEGANY
lty or fown CUMBER LAND. MD. (If outside city or town limits, write RURAL and give nearest town)	CIIMBERTAND
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest to Street No. 50 JACKSON ST., LONACONING,
MEMORIAL HOSPITAL	Street No. (If rural, give LOCATION)
How long In hospital or Institution? 20 DAYS	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MERRBACH, JESSIE MRS.	None
4. Sex 5. Color or race FEMALE WHITE WIDOWED	MEDICAL CERTIFICATION
FEMALE WILLE WIDOWED	20. DATE OF DEATH JUNE 2, 19.46 , al S
6.(b) Name of husband or wifeMERRBACH., ROBERT	
DECEASED 6.(c) If alive, give age	1 2 19 47, to 0
7. Birth date of deceased (mo., day, yr.) JANUARY 4 / 78/	and that I list saw harmalive on
8. AGE: Years Months Days If less than one day	Immediate gause of spath
65 4 2 8hrs.	min. Obrance & Britis
9. Birihpiace MARYLAND	Due to E Hyportana
(fown, county, and state)	
1D. Usual occupation	Due fo. Due fo.
11. Industry or business MARTIEWS S CEORCE	
12. Name MATHEWS, S. GEORGE 13. Birthplace SCOT LAND	Other conditions.
A TOTAL A NULTA	(Include pregnancy within morths of death)
14. Malden name ALTER, ANNIE 15. Burthplace SCOTIAND	Major findings of operations.
SCOTIAND	Dale of op.
16. Informant Memorial Hospital	Aatopsy results
Address Cumherland, Mr.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	
Cemetery or crepatory Carlo	Where did Injury occur? (City or town) (County) (Stat
	(City or town) (County) (Stat
Location 200 E	Means of injury Injured at work?
18. Funeral director	The house
Address Language	23. SIGNATURE A Helian
Marchin M. J. Wanklin M. A.	M. D. washing

Xuve 4, Date rec'd by registrar)

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NEADING INK. Supply every item of information carefully. The correct of. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WINH is especially impor-

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MARYLAND STATE DEPARTMENT OF HEALTH

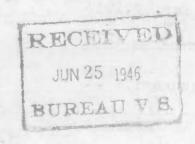
2411 N. Charles St., Baltimore 1860

CERTIFICATE OF DEATH

U5565 Reg. Dist. No.

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7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	State Md. County Allegany
(If outside city or town limits, write RURAL and give nearest town)	City or townCumberland Md. R. F. D#4 Rural (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days	
Hospital, Institution, or street address where death occurred: Memorial Hospital	Street No. near Oldtown Md.
	(If rural, give LOCATION)
How long in hospital or institution?4days	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Irene Michaels	None
4. Sox 5. Color or raco 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	20. DATE OF DEATH. June 18 (19) 19.4.6 at 6
6.(6) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, givo age 45 years	19
7. Birth dato of decoased (mo., day, yr.) Feb. 7.1913	and that I last saw her aldead June 18 1946
8. AGE: Years Months Days If less than one day	Immediate cause of death Bout
33 4 12min.	Intercrainal hemorrhage 5 days
a Richardon Md .	Oue to Fracture of the skull 5 days
9. Birthplace	Crobably due to : Oscidental falls curgo
10. Usuat occupation housewife	On it a sele
11. Industry or business	Que to
	Artic conductor
TA WA	Utner conditions
	(Include pregnancy within 3 months of death)
14. Maidon name Lydia Schryock	Major fiadings of operations
14. Maidon name Lydia Schryock 15. Birthplace Md.	
16. Informant Memorial Hospital	Autopsy results Intercrainal hemorrhage
	PHYSICIAN: Please underline the cause to which are the darrange and the little day.
Address Cumberland Md.	
Burial Burial Bate thereof 6-21-1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: under investigation Accident, suicide, or homicide
Cometory or cripatgry Spring Gap Cemetery	Where did injury occur?
Location Spisarry Etech, Maryland	Injured at home, farm, industry, public place (where?)
18. Funoral director. Louis Stein Inc.	Means of Injury Injured at work?
Address Cumberland Md.	
11 11 0+ 11.	23. SIGNATURE H. V. Deming M. D. /4- Deming M. D. or other
(Date rec'd by registrar) 19 46 J. P. Dauklin, M. D. Registrar	6/20/14/
(Date rec d by registrar) Registrar	Address Date signed \$2.1.7



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (Fa)

Injured at work?

M. D. or other

.Date signed....

UU	
	4
No	

	Reg. Dist. No.
1. PLACE OF DEATH: Oll gamy	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town (If outside etty or town limits, write RUNA) and give negrest town)	State III aryland county Illigany
How long in above place of death? Hospital, jostitution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
nospiral, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) 11 veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number Vione
4. Sex 5. Utlor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Chris G, 1872,	and that last say h M. alive on
8. AGE: Years Months Days If less than one day 2 2 3hrsmin.	Immediate cause of death
9. Birthplace For All And State (Town, eounty, and state)	1867 actrio-Sclessis.
1D. Usual occupation	Due to.
11. Industry or business () 12 rd (and mining)	
12. Name Hearing Level 13. Birthplace Willer or or or	Other conditions
# 14. Malden name Colin alette Dankie	(Include pregnancy within 8 months of death)
15. Birthplace a Mikmoun	Major findings of operations. Date of op.
16. Informant Colorence Milles	Autopsy results
Address Modland Ded.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Date thereof (Manual 1946) (Year)	Accident, suicide, or homicide
(Burial, cremation, or removal Mich?) Cemetery or crematory Classes Company Comp	Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of Injury

Address.

VS A15

Location

Address

16. Funeral director

(Date rec'd by registrar)



MARGIN RESERVED FOR BINDING

9-45-15M

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (113)

05567

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyAllegany	35
City or town. Cumber land (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Allegany
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
Memorial Hospital	Street No. Rural # 3. (If roral, give LOCATION)
1 House	
How long in hospital or institution? 1 Hour	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charles Montamers	214-05-9553
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ALL A LANGE TO THE STATE OF THE	
Male White Married	20. DATE OF DEATH. 21 8-40 PM
8.(b) Name of husband or wife Anetta Montgomery	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. M. Alive on June 9 18 46
deceased (mo., day. yr.) May 1- 1875	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cardine dilatalion 1/2 km
7/ 1 8min.	
Westernport: Allegany Co. Maryland	Due to Bronchiel arthur 15 yrs
9. Birthplace Westernport, Allegany Co, Maryland (Town, county, and state)	out to the same of
10. Usual occupationLumberman	
11. Industry or business Penna Lumber Post Co	Due to
12. Hame Eugene Montgomery 13. 6irthplace Springfield, W. Va	Other conditions
	(Inclode pregnancy within 3 months of death)
14. Maiden name Unknown Porter	
	Major findings of operations.
	Date of op.
16. Informant Mrs. Charles H. Montgomery	Autopsy results.
Address Rt. 3. Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0.47.0.44.0	22. VIOLENCE: If death was due to externat causes, till in the following:
Burial Burial Date thereof 6/12/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hill Crest Cemetery	Where did injury occur?
	Injured al home, farm, industry, public place (where?)
Location Cumberland, Md.	
16. Funerat director. William H. Kight	Means of Injury Injured at work?
0 2 2 3/2	11155
10+11.	23, SIGNATURE M. D. or other
skeve 12, 1846 J. T. Trankhin, M.D.	A
(Date rec'd by registrar) Registrar	Address Date signed Date signe
Ciltura	Deputy Medical Deaming Triggery

acting

Deputy

RECEIVED

JUN 18 1946

BUREAU V.S.

Supply every item of information carefully. The correct age tease write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADING is especially important. Physici

PLEASE

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

05568

2411 N. Charles St., Baltimore (240)

CERTIFICATE OF DEATH

			Reg. Dist. 110.		
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		rland mits, write RURAL and give nearest town)	State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, o	N. Center	death occurred: Street	Street No. 640 N. Center Street (If rural, give LOCATION)		
			2.(a) If veteran, name war		
3. (a) FULL NAM		FFORD SHELTON MYERS	3. (b) Social Security Number 214-05-4771		
4. Sex	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION		
Male	Murre	Married	20. DATE OF DEATH		
7. Birth date of		Lambarta Nyers 6.(c) 11 allve, give age 50 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 9 19 19 19 19 19 19 19 19 19 19 19 19		
deceased (mo., day, 8. AGE: Yea 60		Days	Immediate cause of death DURATIO ?		
9. BirthplaceSh	arpsburg, V	Washington, Maryland county, and state)	Due to.		
	Drivers	Helper nd Brewing Company	Due to		
		IG PLEATING COMPANY	Other conditions		
	Sharpsburg,				
			(Include pregnancy within 3 months of death) Major findings el operations.		
2 15. Birthplace	Sharpsburg,	, Md.	Date of op.		
16. Informant	rs. Myrtle	Myers	Antepsy results		
		St. Cumberland, Md.	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
	ial on, or removal. Which?		Accident, suicide, or homicide		
1027 1000		Manor Cemetery	Where did injury occur?		
		I. Kight	Moens of Injury tnjured at work?		
	umberland,		23. SIGNATURE N. A. V & Ormes M. D. or other		
19 June	26, 19 46.	J. P. Transelin, M. D.	23. SIGNATURE M. D. or other Address 1105. Only St Date signed 24 dec		

Cumperland, mo.

46



WITH THE THE TRUE BUTTON TO A THE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Within corporate Middle MARYLAND STATE DE	PARTMENT OF HEALTH
2411 N. Charle	E OF DEATH DESCRIPTION NO. 1055694
1. PLACE OF DEATH: County City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death (o)curred: How long in hospitat or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, vidowed, or divorged	Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Wary Mary Mary	Naylon 3.(b) Social Security Number
Jewale While Widowed 6.(b) Name of husband or wife John Maylors 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. Birthplace John Months Days If less than one day 10. Usual occupation Months Days If less than one day 11. Industry or business Alexandra Glegany Co. Had 12. Name James Graham	MEDICAL CERTIFICATION 2D. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. at 2.38 p.m. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. at 2.38 p.m. 19. 46. at 2.38 p.
THE HAND IS. Birthplace 14. Malden name Manager Robinson 15. Birthplace 16. Informant Address 609 Parls St-Connellable Recipility 17. Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Address 19. Lune 21, 19 446 LP. Tranklin, M. A.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?

RECEIVED
JUN 25 1946
BUREAU V 8

The programmy and manufact

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

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Reg. Dist. No. ...

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Andre .	88	1	II V	
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(14	ect		0	

CERTIFICATE OF DEATH

1. PLACE OF D			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
City or town (If outside city or town limits, write RURAL and give nearest town)			Stafe MARYLAID Cou	nty AIII GANY
(If	outside city or town li	mits, write RURAL and give nearest town)	City or town	III)
How long in above place	ce of death? or street address where	0 970		
			Street No. 612 HATRYTA	EM AVE.
والمال	KARAMINESIA	THAT		
		DAYS	2.(a) If veteran, name war	
3. (a) FULL NAM	ME			3. (b) Social Security Number
PEEBL.	ES, LUCY I	MRS.		home
4, Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
PAIALE	WHITE	MARRIED	20. DATE OF DEATHJIJJIII	19.46 at7:45P
	י דמיזיה מ	PG TANEG D	24 I CERTIFY that death accurred on the date she	
		ES, JANES D.	"" / West of 15	46 10 June 6 19 4.
7 Right date of			and that I last saw alive on	a marked to the sales
deceased (mo., day	, yr.) HOVE	BER 13 1870	Immediate cause of death Artes	DURATION
8. AGE: Yea	ars Months	Days If less than one day	Carebrol trees	tosela como 6 yes
69	6	26 hrs.	min.	0.5
9. Birthplace	MARVIAHD	MOSCO W	Due to.	all - 5 yrs
10. Usual occupation	HOUSE	IFE	Due fo. Alraen	6 wss
11. Industry or busin	ess			
置 12. Name	CORFIELD	WILLIAM	Other conditions	
12. Name	ENGLA			
adi	moomu.	DAIDT TOTAL	(Include pregnancy within 3	months of death)
14. Malden nam	المروق الماليانيانيانيانيانيانيانيانيانيانيانيانياني	DAILTIGE	Major fiadings of operations	
15. Birthplace		ENGLAND		
16. Informanf	ames -	Confuld	Autopsy results	
Address	(ana)	restend and	PHYSICIAN: Please underline the cause to w	hich death should he charged statistically.
Addiess	- I	0. 4 1	22. VIOLENCE: tf death was due to external cal	
(Burial, cremati	on, or removal, Which?	Dale thereof (month) (day) (year)	Accident, suicide, or homicide	Dafe of
Cemetery or crem:	1.600	ress Cum	Where did injury occur?(City or town)	(County) (State)
Gemeraly or Grem	1- 1	. / /		
Location	minh	ental	Injured of home, farm, Industry, public place (w	
18. Funeral director	Lomo	Steam Jane	Means of Injury	injured af work?
Address	Com	Serland.	1 lans	tures
()	5 11	0 F 11. 2	23. SIONATURE	M. D. of other
Date ree'd by	/ 8 / 19 4 6	. J. Oranklin III	trar Address Cert	Date signer 7, 17
Date Ice d by	D	1/		

WITH UNFADING INK. Supply every item of information carefully. The corimportant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, '

VS A15

JUN 11 1946 BUREAU V.S.

10 S

MARYLAND STATE DEPARTMENT OF HEALTH

porace IDone II.	B.B. Ower	2411 N. Cha	DEPARTMENT OF HEALTH	05571	11
CERTIFICAT 1. PLACE OF DEATH: County. Alleggy City or town. Gunberland Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Lemonial Hospital How long in hospital or institution? 9 hours 35 minutes		State County Cou			
3. (a) FULL NAME	n K Poland	Sades shade or facility facility on each provide by the first first facility facility of the facility	2.(a) If veteran, name war	3. (b) Social Security	
4, Sex 5.	Color or race 6.	(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Single	20. DATE OF DEATH June 9	19 46	4:20
8. AGE: Years	Months	7, 1945 Days If less than one day ZO	Immediate range of death from	mico _	DURA 3
11. Industry or business	Infant vin Pola	nd	Due to		
14. Maiden name	Vest Virg Gladys Haward West Vir	enftling	(Inclode pregnancy within		
16. Informant	norial Ho	spitel Naryland	PHYSICIAN: Please coderline the cause to 22. VIOLENCE: If death was due to external	which death should he charged causes, fill in the following;	statistically.
	Hillerest	(month) (day) (year)	Where did injury occur?	(Coenty)	(State)
18. Funeral director	bufans	l ryd. I. f. Tranklin, M. D.		weng mg &	or other

RECEIVED
JUN 18 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly—

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

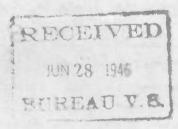
2411 N. Charles St., Baltimore

05572

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Ollegary	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Marie Land County Ollegany
(If outside city or town limits, write RUtAL and give nearest town)	State
How long in above place of death?	(If cutside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death Quired:	Street No.
7 Julius 7 Ocelal	(If rural, give LOCATION)
How long in hospital by institution?	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
May of ourse 1) aux	none
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Surgle	20, DATE OF DEATH June 26 19 46 at 12 13 1/1 M
	21. I CERTIFY that weath occurred on the date above stated; that I atlended deceased from
6.(b) Name of husband or wife	June 22 19 46, 10 June 26 19 46
7. Birlh date of	and thet I last saw had allye on give 25 19 46
deceased (mo., day, yr.) 8 AGF Years Months Days I tess than one day	Implicate cause of death
5	Confinial Justice fales 14
hrs. min.	it Spenie Botha Days
9. Birthplace Trothera (lows, county, and state)	Due to.
10, Usual occupation	Due to
11. Industry or business	
12. Name water Karek 13. Birthplace Mankaud	Other conditions
	(Include pregnancy within 3 months of death)
14. Matden name. Mabel Mowell 15. Birthplace Maryland	Major findings of operations
\$ 15. Birthplace Maryland	Date of op
16. Informant Mrs. March Typites	Autopsy results
Address Freetland md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 0 1: 27 1911/2	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Bbrial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Allegany Cemelerus	Where did injury occur?
Location Frostling md/	Injured at home, farm, industry, public place (where?)
() P N. 1.4	Means of Injury Injured at work?
18. Funeral director	100/2011
Address Frestising Ma	23. SIGNATURE MAM Land to Ma
19.6-26 19 46 Mus. Marier N. Ka	Sund 26 194 Fritzing M.
(Date rec'd by registrar) Registrar	Address Pale Signed .



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

05573

· DIAGRAD PRATIL	Hall brainfile (Value) of	7	
	. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County ALLEGANY		•	
City or town CIII BERTAND WARYTAND (If outside city or town limits, write ROKAL and give nearest town)	tate MARYLAND Count	ALLEGANY	
(If dutation city of town minutes, write restant and give nearest town)	ity or town		
Unantial institution or afrost address where death accurred.			
MEMORIAL HOSPITAL	treet No. 420 SOUTHES	25.Even	
11	.(a) If veteran, name war	***************************************	
3.(a) FULL NAME RATKE, BABY BOY		3. (b) Social Security Number	
4. Sex S. Color or race 6.(a) Singly married, widowed, or divorced	MEDICAL CEI	RTIFICATION IO:25 P.	
MALE WHITE Sengel 21	D. DATE OF DEATH JUNE 24 194		
/	1. I CERTIFY that death occurred on the date above		
5.(0) Name of Ausoand of Wite	June 2 4 19 X	1	
	nemaf I last saw halive on		
deceased (mo., day, yr.)	//		
8. AGE: Years Months Days If less than one day	mmediate cause of death	DURA	
NT D			
N.B. A Min.	Premalus		
9. Birtholace Chiniker acids Etorgany Co., Md. Di	ue to		
(Town, county, and state)			
1D. Usual occupation.	ue to	***************************************	
44 todayaharan baraharan		***************************************	

12. Name Dt	her conditions		
13. Birthplace	(Include pregnancy within 3 mg		
14. Maiden name BETTY RATKE	(Include pregnancy within 3 mg	onths of death)	
14. Maiden name BETTY RATKE 15. Birthpiace Mostlang Maryland M	ajor fiadings of operations		
\$ 15. Birthpiace Of the Wary Organization		Date of op	
16. Informant Memorial Hospital A	ntopsy results		
1 1 0 0 2h 1 P	HYSICIAN: Please underline the cause to which	h death shoold be charged statistically.	
Address (111116) lland (Mariland	2. VIOLENCE: If death was due to external cause	P The second	
17 VI 114 A XI MC Date House XII ALD 125 19 4 (a)		and the state of t	
(Burial, cremation, or removed, Which?) . (month), (day) (year)	coldenf, suicide, or homicide		
Cemetery or crematory Museum Hosp	here did injury occur?(City or town)	(County) (State)	
in land and the	jured at home, farm, Industry, public place (whe		
18. Funeral director. Same as above	ieens of Injury	Jured af work?	
	011.	Non DIA	
Address 23	3. SIGNATURE Days U	Reynolds 1	
10 Lune 25, 46 t. P. Marklin M.D.	0	M. D. or other	
(Date rec'd by registrar)	ver beenheren	Para signatura 34	



(Date rec'd hy registrar)

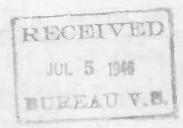
MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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Outside	of Maryland State De	PARTMENT OF HEALTH	05574
City Lim	2411 N. Charle	s St., Baltimore	0000
City Lin	CERTIFICAT	'E OF DEATH	Reg. Dist. No.
T. e			
corr.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:
a join	County Allegans	(mall of	
The collegibly.	City or town	State	
P A A	How long to show place of death?	City or town	write RURAL and give nearest town)
e fu	Hospital, institution or street didress where death scurred:	Street No. 113 Thanis	
car	La Vall - Rr. 40 - W.	(If rural, give I	
information carefully of death clearly and	How long in hospital or institution?	2.(a) If veteran, name war	
ati	3. (a) FULL NAME		3. (b) Social Security Number
rm	ma CR.	•	9-
of o	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
	6 1 6/4 N'1 1	MEDICAL CE	RITIFICATION about
NIO nse	Ilmale Winte Madmid	2D. DATE DF DEATH.	7 19.44 at 3 A.M
SERVED FOR BINDING NK. Supply every item of i	6.(b) Name of husband or wife & Many & Raymoldla.	21. I CERTIFY that Beath occurred on the date abov	e stated; fhaf I attended decessed from
BII Ty		19	19
OR BIN every it ite the	7. Birth date of	and that I last saw h.E.R. The off	19
FO y e	deceased (mo., day, yr.) July 10 1878	Immediate cause of death	DURATION
Ppp Bp	8. AGE: Years Months Days Iffess than one day	Coronary occulsi	2 disting
RGAN NESERVED FOR	67 11 17hrsmin.	7	
ER.	9. Birtholace & Expenser and.	Due to	
ES ns:	(Town, county, and state)		
E C C	10. Usual occupation.	Due to	
日上图图	11. Industry or business of Thomas.		
Ph Ph	E 12, Name // m. Condon	Dther conditions	
MA. UNF.	E 12. Name // M. Condon. 13. Birthplace Greland.	7	
		(Include pregnancy within 3 m	onths of death)
WITH	14. Malden name Cathurine Inwatchy 15. Birthplace 15. Birthplace	Major findings of operations	***************************************
WI	≥ 15. Birthplace		Date of op
Z.2	16, Informant Olon Lytha	Autopsy results	
PLAINLY, is especially	Address La Val	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
The special sp	Brief b sa sil	22. VIOLENCE: If death was due to external caus	es, fill in the following:
es es	(Burial, cremation, or remova). Which (month) (day) (year)	Accident, suicide, or homicide	Date of
E . SI	Cemetery or crematory of fathricks Com.	Where did injury occur?(City or town)	(County) (State)
9-45-1	lander de a	tnjured at home, farm, Industry, public place (who	
WR	Location Location	Means of Injury	Injured at work?
	18. Funeral director. At Susa Allessal Dans.	mond of many	
A15	Address Comberland.	BIVI	1 24 1
VS A15	6-20 11 0 Oto 10. m 1	23. SIGNATURE	M. D. or other
VS	(Date red'd by registrar) (Date red'd by registrar) Registrar	Address 2.5 Belfol &	Date signed 6/2.7/46



CERTIFICATE OF DEATH

98	2411 N. Charle	es St., Baltimore /272
sect 2	CERTIFICAT	TE OF DEATH Reg. Dist. No9
ormation carefully. The corr death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infafts give residence of mother) State
	3. (a) FULL NAME Sarah Lucy Rolan	d. 3. (b) Social Security Number
of	Female White Widows	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.44 at 1.44 M.
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 19
ADING INK. Supply every in Physicians: please write the	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mollhs Days If less than one day 29hrsmin.	Immediate cause of death DURATION
IG INK.	9. Birthplace Delicance (Town county, and state) 10. Usual occupation (Town county, and state)	Due to.
fr.	11. Industry or business 12. Name	Other conditions
WITH UNI important.	14. Maiden name	Major findings of operations
PLAINLY, is especially	Address Jamesboro Cenua.	Autopsy results
E PI	Date thereof (month) (day) (year) Cemetery or crematory (day) (year)	Where did injury occur?
ASE WRIT	18. Funeral director.	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
PLEA	19. G. 18. 46 hus J. M. Pice	23. SIGNATURE MAD or other Address Manager Ma

MARGIN RESERVED FOR BINDING

VS A15



CERTIFICATE OF DEATH

05576

2411 N. Char	rles St., Baltimore 740
CERTIFICA	TE OF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. City or town. (If outside city or town limits, write BURAL and given garest town) Street No. 6. 3.5. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME of Henry Scha	3. (b) Social Security Number 2/15-12-208
Incle White Marked	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	5. 0: 1946, 10 6. 1, 19
9. Birthplace Competion Transmity - Auto	Due 10.
11. Industry or business 12. Name Dicholas Schade 13. Birthplace Sermany	Due to
14. Maiden name. Elizabeth. Dreshold. 15. Birthplace 18. Informant. Jurnan Schade.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Andrews Dale thereot (mgnth) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory tillcust bein. Location in the state of the st	Where did injury occur?
19 June 8 19 46 Jos. P. Franklin, M. X	23. SIGNATURE J.

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JUN 11 1946
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PLEASE WRITE PLAINLY, WITH UNFA

MARYLAND STATE DEPARTMENT OF HEALTH

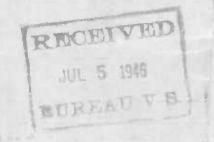
2411 N. Charles St., Baltimore 1670

CERTIFICATE OF DEATH

05577

Reg. Dist. No....

City or town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced for the standard or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46 19.46 19.46 19.46
8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace Cumberland Alleganes Md.	Immediate cause of death DURATION Due to Tostalis Due to Tostalis
10. Usual occupation. 11. Industry or business 12. Name	Other conditions. (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Address Advances As. 17. Delvil Date thereot (month) (day) (year) Cemetery or erematory (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Stankers Separation of Jackers Separation of Jackers 19. July 2-, 19. 46 J. P. Franklin, M. D.	23. SIGNATURE The Large M. D. or other 1/3 / 4/6



DURATION

Evidence for the change of the



2411 N. Charles St., Baltimore 940

05579

CERTIFICATE OF DEATH

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Reg. Diat. No.

L-PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County US Garage	
(If outside city or town limits, wate RURAL and give nearest town)	State County of County
	(If outside city or town limits, write RULAL and give nearest town)
How long in above place of death?	- 60 9
	Street No
153 G Loo At	
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph William X	frull 2/3-01-5955
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W manued	June 9 111 310A
III W Marked	20. DATE OF DEATH
6.(b) Name of husband or wife Manager Smuth	21-L CERTIFY that leath occurred on the date above stated; that I attended deceased from
	Jene 4 1866, 10 7 19 9 19 19
7. Birth date of	and that I last saw harmalive on 1946
deceased (mo., day, yr.) Masseh 8 - 1885	Immediate cause of death
8. AGE: Years Months Days If less than one day	Marsager Theorntons 3 Day
61 3hrsmin.	William I
soll en la velva	
9. Birthplace	Due I C. S.
	Due 10
11. Industry or business	
12. Name South Why a supplemental supplement	Other conditions
13. Birthplace	
# 14. Maiden name Agence Dayton	(Include pregnancy within 3 months of death)
	Major findings of operations
\$ 15. Birthplace	Date of op.
16. Informani Mac Margael Angell	Autopsy results
15 A	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Taskburg 1 Ma	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or eremetory	Where did Injury occur?
Location Total Luxus	Injured al home, farm, Industry, public place (where?)
Q Q A.L. Y	Means of Injury Injured all work
18. Funeral director	(11 Don N / X /16)
Address Santhurg MA	23. SIGNATURE AND FRANCE PARTY.
6-11 46 Time Variant (K)	M. D. or other
19. Q 19. (Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	Address Franklures Mal Date signed 6-10-46

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JUN 13 1946
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CERTIFICATE OF DEATH

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County. ALLEGANY City or town. CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 3. (a) FULL NAME MRS GERTRIDE SNYDER 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced FEMALE WHITE MARRIED 6. (b) Name of husband or wife. WARREN A. SNYDER 7. Birth date of deceased (mo., day, yr.) DEC 22 87 8. AGE: Years Months Days If less than one day 70 9. Birthplace. PENNSYLVANIA OLD One of the street o	
County. ALLEGANY City or town. CUMBERIAND (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death?	ANIA County BEDFORD DFORD VAILEY Side city or town limits, write RURAL und give nearest (If rural, give LOCATION) 3. (b) Social Security Num MEDICAL CERTIFICATION JUNE 13 19 46 at occurred on the date above stated; that I attended deceased 19 4 5, 10
MRS GERTRIDE SNYDER 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced FEMALE WHITE MARRIED 6. (b) Name of husband or wife WARREN A. SNYDER 7. Birth date of deceased (mo., day, yr.) DEC. 22 /875 8. AGE: Years Months Days If less than one day Immediate ause of deceased (mo., day, yr.) DEC. 22 /875 9. Birthplace PENNSYLVANIA Deceased (Town, county, and state)	MEDICAL CERTIFICATION JUNE 13
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE WHITE MARRIED 6.(b) Name of husband or wife. WARREN A SNYDER 7. Birth date of deceased (mo., day, yr.) DEC 22 /87 and that I last saw h. Immediate ause of deceased (mo., day, yr.) DEC 22 /87 and that I last saw h. Immediate ause of deceased (mo., day, yr.) DEC, 22 /87 and that I last saw h. Immediate ause of deceased (mo., day, yr.) DEC, 22 /87 and that I last saw h. Immediate ause of deceased (mo., day, yr.) Dust on the control of the	Occurred on the date above stated; that I sttended deceased
6.(6) Name of husband or wife WARREN A SNYDER 7. Birth date of deceased (mo., day, yr.) DEC 22 /87 8. AGE: Years Months Days If less than one day 70 9. Birthplace PENNSYLVANIA County, and state) Due to Due to Days Due to	Occurred on the date above stated; that I sttended deceased
6.(b) Name of husband or wife WARREN A SNYDER 7. Birth date of deceased (mo., day, yr.) DEC 22 /8 7 5 8. AGE: Years Months Days If less than one day 170 9. Birthplace PENNSYLVANIA Deliferation (Town, county, and state) Due to Due	occurred on the date above stated; that I attended deceased
	machyph
10. Usual occupation	plageous plage
12. Name FRANK DIEHL 13. Birthplace PENNSYLVANIA BelfordCorate 14. Maiden name LOUISE STIVER (Inclu	e pregnancy within 3 months of death)
DENNICYT WANTA	tions Date of op.
16. informant MEMORIAL HOSPITAL Address CUMBERLAND MD 17. (Burial, cremation, or gemoval, Which?) Date thereof Mull 5. 1946 (month) (day) (year) Autopsy results. PHYSICIAN: Please w 22. VIOLENCE: If dea	1 - a long
	industry, public place (where?)

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		CERTIFICA	ALE OF DEATH Reg. Diat.]	No7
1. PLACE OF DEATH: County Allegany			2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)	
City or town Ci	umber la	ad. imits, write RURAL and give nearest town)	State Maryland County Allegan	7
(If ontside	eity or town l	imits, write RURAL and give nearest town)		
		Life	City or town Cumberland (if outside city or town limits, write RURAL and	give nearest town)
ospital, Institution, or street		Death Occurred:	Street No. 427 Independence Street	· · · · · · · · · · · · · · · · · · ·
			(If rurni, givo LOCATION)	
	ution?	1 day	2.(a) It veteran, name war	***************************************
3. (a) FULL NAME		PERCY E. SOWERS	3. (b) Social Se	curity Number
	olor or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATIO	
Male W	hite	Married	2D. DATE DF DEATH. LULL 38 19:	11 0200
		hristina Brown 8.6) Halive, give age \$2 43 ye	21. I CENTIFY that feath occurred on the date above stated; 1 at hattend	ded deceased from
7. Birth date of deceased (mo., day, yr.)	Fehrm	ary 14. 1900		
B. AGE: Years	Months	Days If less than one day	Immediato canse of death	DURATION
46	4	14 hrs.		
A3	70.1.3		" Cerebral Odewa.	•••••
Birthplace Cle	ar Klag	eonnty, and state)	Due to	*******************************
		lepairman		
			Due to Chr. alevhalesen	/
1. Industry or business	Own			***************************************
12. Name Joh	n E. So	wers	Other conditions	***************************************
13. Birthplace	Penna.			
	Genevie	ve Houser	(Include pregnancy within 3 months of death)	
int I			Major findings of operations	
Tet Brimpiaco	enna.		Date of op	1
6. Informant Mrs	. Chris	tina Sowers	Antopsy results	
Address 427 Inda	nendenc	e St. Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be c	harged statistically.
-			22. VIOLENCE: It death was due to external causes, fill in the following	:
Buri 1 (Burial, cremation, or re	moval, Which?	Date thereof June 30, 1946 (month) (day) (year)	Accident, suicide, or homicide	it
Cemetery or crematory				
			Where did injury occur?	
Location Cumber	land, N	aryland	Injured at home, tarm, industry, public place (where?)	
18. Funeral director	William	H. Kight	///	117
Address Crimbe	rland,	Maryland	23. SIGNATURE W. M. Clearkers	u
(fun 2 . 3)	2 46	a P. Faulli m.		M. D. or other
Date ree'd by registrar	19	Registr	Address 49 Mes 100 Dt Rate	signed 6-79-H

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CERTIFICATE OF DEATH

porate limits		2411 N. Cha	PEPARTMENT OF HEALTH Clos St., Baltimore 130 TE OF DEATH Reg. Dist. No. 4
How tong in above place Hospital, institution, or	Cumb utside city or town li of death? street address where 211. Beall	erland mits, write RURAL and give nearest town) 33 Years	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 211. Beall St (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAM		h Edward Speicher	3. (b) Social Security Number None
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day,)	Apri	Agnes Speicher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 9 19 19 19 19 19 19 19 19 19 19 19 19 1
8. AGE: Years 77 MeH	enry. Garr	Days If less than one day 17 hrsmi ett Co, Maryland	Due to ortano-selections ?
Birthplace	(Town,	eounty, and state) abor abor se Corporation	Bue to while part Yayens.
12. Name	Josep New	h A. Speicher Germany, Ma.	Other conditions
15. Birthplace		Hershberger coreland Co, Penna	Major findings of operations
		seph E. Speicher , Cumberland, Md.	Astopsy results
	ial or removal. Which?) ry Philos	Date thereof	Accident, suicide, or homicide
Location		nport, Md. liam H. Kight	Injured at home, farm, Industry, public place (where?)
Address	Cumbe	erland, Md. A tauthi, M. Registr.	23. SIGNATURE W. alfred Va Cline M. D. or other M. D. or other Date signed 7. 5 use

MARGIN RESERVED FOR BINDING

JUN 11 1946
BUREAU V.S.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

	11.7		2411 N. Cha	rles St., Baltimore (572)	05583	,
			CERTIFICA	TE OF DEATH	Reg. Dist. No	4
City or town	eity or town inn h? Li	its, write Ri	URAL and give nearest town)	State City or town CILLEBURY AND CITY or town I	CountyA.T.I.T.C.A.L.Y.	rest towe)
How long in hospital or institut	ion? 2	3 DAY	S			
3. (a) FULL NAME	PONATIC	Т, 12'			3. (b) Social Security None	Number
4. Sox 5. Cold	OF OF FACE	6.(a)Single	married, widowed, or divorced	MEDICAL JUNE 9 20. DATE OF DEATH.	CERTIFICATION	6:20A
		************		21. I CERTIFY that death occurred on the date	nbove stated; that I attended doce	psed from
7, Birth date of deceased (mo., day, yr.)		1 22, Days 17) If alive, give ageye 1946 If less than one day hrs	Immediate casise of death	fida	DURATION BASE
11. Industry or business	Inf SPONA	ant	MARYLAND	Due to Sugaritie	,	Brit
14. Maiden name	Α.		}	(Ioclude pregnancy within		
18. Informant MEMORIAL HOSPITAL Address Cumberland, Md.				PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to externa	o which death shoold be charged	statistically.
Burial Burial Date thereof June 11 1946 (Month) (Gay) (Year) Cemetery or crematory		Where did injury occur?(City or to	Date of	(State)		

JUN 18-1945
BUREAU V.S.

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WARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

05584

CERTIFICATE OF DEATH

	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County Allegany City or town. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? LWO years Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md • County Allegany City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 445 N.Center (If rural, give LOCATION) 2.(a) If reteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
William Henry Stair	191-01-2430
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced male white married	MEDICAL CERTIFICATION about DIATE OF DEATH June 17 19 46 all P.
8. (c) If alive, give age 46 years 7. Birth date of deceased (mo., day, yr.) April 14 1890 8. AGE: Years Months Days If less than one day 56 2 3 hrs. min. 9. Birthplace Huntington Pa (Town, county, and state) 10. Usual occupation Advertising salesman 11. Industry or business 12. Name John Stair 13. Birthplace Huntington Pa.	and that I last saw h im adead June 19 Immediate cause of death Coronary occlusion Due to Angina Pectoris attacks Due to Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Maud Meyers 15. Birthplace Huntington Pa.	Major findings of operations. Date of op.
16. Informant Mrs Irma K.Stair Address 445 N.Center St Cumberland Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof. June 22-1946. (Burial, cremation, or removal, Which?) Cemetery or crematory. Cemetery Location Friend's Cove. Bedford Co. Pa. 18. Funeral director Hafer Funeral Service	Accident, suicide, or homicide
Address Cumberland Md. 19. June 22 19. 46 J. F. Tvauklin, M. W. Registrar	23. SIGNATURE H. V. Deming M. D. H.V. Danier M. D. or other

JUN 25 1946
BUREAU V. S.

2411 N. Charles St., Baltimore (50)

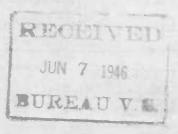
CERTIFICATE OF DEATH

				a
*	Reg.	Diat.	No.	

1. PLACE OF DEATH: Ollegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryand County allegany
City or town (If outside city or town limits, write RURAL and leve nearest town)	City or town
How long in above place of death?	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Lillian Cligobeth St	eveuson Mone
4. Sex 5. Color or race 6.(a) Singler married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale While Married,	20. DATE OF DEATH JUNE 2 1946 at 8
6.(b) Name of husband or wife Leorge Stevenson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of deceased (mo., day, yr. Tebruary 18, 1882	Immediate cause of death
8. AGE: Years Months Days If less than one day	De la companya della companya della companya de la companya della
64 3 /3hrsmin.	Carama of
9. Birthpiae (Town, county, and strice)	Due to
1D. Usuai occupation	Due to
11. Industry or business	
12. Name Degrae (Idams) 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Wille Driffith	Major fiadings of operations.
has 19-1-41 V J. seller	Date of op.
18. informany JUDA (CALLAGE)	Autopsy results
Address artes May 5	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cliffornia Cemetery	Where did injury occur?(City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Trostburg Md.	23. SIGNATURE WOM Fane So TRS
18. 6/4 19.46 J. Mr. Dice	M. D. or other
19. (Date red'd by registrar) 19. Registrar	Address DDF July M9 Date signed 4-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

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OLIKI I TON	Reg. Dist. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Rawlings near Cumberland, (If outside city or town limits, write RURAL and give nearest town) Street No. Rawlings near Cumberland, (If rural, give LOCATION) 2.(a) If veleran, name war.		
3.(a) FULL NAME Mordecai Preston Summer	field 3. (b) Social Security Number More		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH June 24, 1946 19 3:00 Pm		
Months Worth oht			
6.(b) Name of husband or wife Martha Waybright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
E (e) If alive give age /8	24 may 1946, 10 24 June 1946		
7. Birth date of Mar. 25 1864	and that I last saw h. i. km alive on 24 June 1946		
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION		
92 2 20	UBRONCHOPNE () MONIA 1 WK.		
	- E LIVIESTIVAL CISTINCTION ZWI.		
9. Birthplace Harmon, W. Va.	Due to 3 NEOPLASM OF INTESTINE 3		
(Town, county, and state)	(4) Secondary Hepatic Neoplasia I mo.		
10. Usual occupation. Carpenter	Nue to		
11 Industry of business Contracting business			
質 12. Name John W. Summerfield	Other conditions PARKINSON'S DISEASE 18 MOS.		
John W. Summerfield 12. Name Randolph Co. W. Va.	BILLOL CONSTITUTION		
	(Include pregnancy within 3 months of death)		
至 14. Maiden name	Major findings of operations.		
15. Birthplace Randolph Co. W. Va.	Date of op. ALD		
16. Informant Alfred S. Summerfield	Autopsy results.		
Address Rawlings, Md.	PHYSICIAN: Please coderline the caose to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, till in the tollowing;		
Burial Date thereof June 27, 1946 (Burial, cremation, or removal, Which!)	Accident, suicide, or homicide		
Rose Hill Cem.			
Gemetery or crematory	Where did injury occur?		
Cumberland, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director H. Wayne George	Mesns of Injury Injured at work?		
Cumberland Md	1 .0 6 6		
Address dumber Lama, wid.	- /23. SIGNATURE Havelle G. Weisman MD		
10 Hour 27 1046 M. J. Vaumelet	M. D. or other		
Date rec'd by regisfrar) 197 Registrar	Address (teachtown Date signed 25 June 194)		

JUL 31 1946

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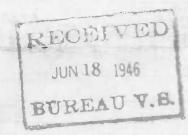
MARYLAND STATE DEPARTMENT OF HEALTH

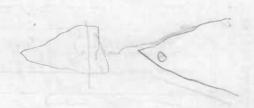
2411 N. Charles St., Baltimore 157:20

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			CERTIFIC	CALE OF L	PEATH	25-11	Reg. Dist. I	No
1. PLACE OF DEA				2. USUAL R	RESIDENCE (HO	ME) OF D	ECEASED:	
	CITITE FOT AND MO				RYLAND	County	A.T.T.	-1.A.T.T.V
(If or	utside city or town li	mits, write R	URAL and give nearest town		(If outside city or			-10 0 A 1 D
How long in above place Hospital, Institution, or	of doath? stroot addross whore	doath occurred	:	12	LATING A		IOIS ELI	
MEMORIAL	HOSPITAL	Å		Street No.	Street No. ADDRESS (If rural, give LOCATION)			
How long in hospital or	Institution?		mo		ı, name war			***************************************
	a company of the second			A.			3. (b) Social Se	curity Number
Inomas a Si			Swick			Oros		
4. Sex	5. Color of race	6.(a)Single	e, married, widowed, or divorced	777 (71	MEDIC	CAL CER	TIFICATIO	
								II;00 P.M.
MALE	WI HARDE	SI	NGLE					
8.(5) Name of husband	S,(b) Name of husband or wife			21. I CERTIFY t	that death occurred on t	the date above s	itated; that I atlend	dod deceased from
			e) If alive, give age	yearsVA.Q	4	18.7°	10 to	19-00 18.46
7. Birth date of		10	115-	and that ! last !	saw hallve on	1		18
docoased (mo., day, y		Days	if tess than one day	Immediate can	se of death	7.0		DURATION
o. Aug.	-	21	hrs.	min.	Jorugan Z	100	archer	W-
<u>G </u>	TELEGRAN TELEGRAN	CITALTA			J			
9. Birthplace	(Town,	county, und	stute)	Due to		**************		
10 Heural accumation	TRUZARI	.m			7	min	dut	The state of the s
		1,		Due to	adjuster of the state of the st			7/7-
11. Industry or businoss		SWICK						
II EI	THE THE	GINIA	***************************************	Dthor conditions	S			nus
	ADA SM			***************************************	(Include pregnuncy	y within 3 mon	ths of death)	
14. Malden namo		·		Major findings	of operations			
S 15. Birthplace	WEST	VTRGT	NTA					p
16. Informant		Water to Col min.	h I alash de		s.			
14			BERLAND . ID.	PHYSICIAN:	Please anderline the	cause to which	death should be	charged statistically.
	-0		7	22. VIOLENCE	E: If death was due to	external causes	, till in the tollowing	g;
17. Burial, cremution	or removal. Which?	Dato ther	(month) (day) (yeu	Accident, suicident	de, or homicide	************	Date	of
Cometery or cremato	n Killes	est (en	Where did Injur	ry occur?(City	or town)	(County)	(State)
	Count	2/100	. D. m.d.		e, farm, Industry, publi			
Location	Lyeur-	17	10	Moans of injury			tnjured at wo	
18. Funoral director	doms.	xues	m/ Inc					9-
Address	Cus	nhe	cland.		. 0	01) meny	m.N.
0 .	11 41	0 +	Trulling	23. SIGNATURE	E	المراسية المراسية	1 0	M. D. or other
Date rec'd by re	gistrar)	7	Rei	gistrar Address.	en Jan	Rand	MA Date	signed 6 -10-4





2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

(1)	1	E	61	()	
()	U	0	O.	8	

Reg.	Dist.	No	4
	CO	SAC	1

1. PLACEOU DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fo) newborn infants give residence of mother)
11 11 11 11 11 11 11 11	State Many and County Illigany
City or town	(If outside city or town limits, write RUEAL and give nearest town)
Hospital, institution or street address where death occurred:	Street No. 650 Farsetts St
761 Fayette Sh	(2) fural, give LOCATION)
How long in hospital or thetitution?	2.(a) If veteran, name war
3. (a) FULL NAME Breace Wansh Is	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widows, or divorced	MEDICAL CERTIFICATION
Jemale Mite Highway	20. DATE OF DEATH. June 3 18. 46 at / 30 P.
8.(b) Name of husband or wife Discon Thomas	21. I CERTIFY that death occurred on the date above slated; that I treeded deceased from
8. (c) If alive, give age years	and that I last saw h alive on J evel 1 15
deceased (mo., day, yr.) Oct 14 1863 —	Immediate cause of death. DURATION
8. AGE: Years Months Bays If less than one day	Cereta Constitution
R. H. ad	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	Due to.
11. Industry or business	
12. Name John It angle and.	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name margaret hissary 15. Birthplace	Major findings of operations.
15. Birthplace	Date of op.
16. Informant Mas E. J. Wiston	Autopsy results.
Address Page Asland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Barrial Date thereof James le 46	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location multipland	injured at home, farm, industry, public place (where?)
18. Funeral director Atania Stum Inc.	Meens of injury Injured at work?
Appress Crimberland	IN Hodge, M.
19 June 6, 10 46 J. P. Franklin, M. D	23. SIDNATURE. M. D. or other 6 - 4- 4/6
(Date rec'd by registrar) Registrar	Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A.15

JUNII 1946 BUREAU V.S.

05589

CERTIFICATE OF DEATH

1		
.80	il.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland county Allegany
City or town. (If outside city or town limits, write RURAL and give nearest town)	
Have been to above above of deaths 67 Vears	City or town. Frostburg (If outside city or town timits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. RFD # 1
RFD # 1	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William Henry Tippen	770-10-2753
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH June 1, 1946
Ella S. Tippen	21. I CERTIFY that death occurred on the date above stated; that I eftended deceased from
8,(b) Name of husband or wife	may) 1946 to June (1946
7. Birth date of Anne 9 1878	and that I last saw it and alive on Mary 3.
7. Birth date of deceased (mo., day, yr.) Aug. 9 1878	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Company Gull
67 9 22hrsmin.	He de land
Frost hurg-Allegany-Md	Due to.
9. Birlhplace Frostburg-Allegany-Md.	at Chan Season
10. Usual occupation Miner	man arterio Schools
11. Industry or business Coal-Miner	Jean Jean
The state of the s	Other conditions
12. Name James Tippen 13. Birthplace Pollsville Pa	
	(Include pregnancy within 3 months of death)
14. Malden name Anna Morgon Mt. Savage, Md.	Major findings of operations
15. Birthplace	Date of op
Mrs. Ella Tippen	Autopsy results
16. Informant Frostburg, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Runial June 3 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof June 3, 1946 (Burlal, cremation, or removal. Which?) St. Michaels Cem.	Accident, sulcide, or homicide
Cemetery or crematory.	Where did injury occur?
Cemetery or crematory. Frostburb. Md.	Injured at home, farm, Industry, public place (where?)
Ellawonth C Dool	Means of injury Injured at work?
	1.0 0 ()
Address Westernport, Md.	(110m Lone) mil.
	23. SIGNATURE M. D. or other
19	Address Trostburg Mil Date signed 53-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JUN 5 1945

2411 N. Charles St., Baltimore

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			12	47	4,1	

CERTIFICATE OF DEATH

			4/
eg.	Diat.	No	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State 7d County 71/e 9494
(If outside city or town limits, write RURAL and give nearest town)	- / / 2 7
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 13 Arc 5 54
13 Ares 5x	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Kathryn Jean Lee Tr	3. (b) Social Security Number
	love
4. Se1 5. Color or race 6.(a) Single, married, widowed, or dirorced	MEDICAL CERTIFICATION
F W Single	20. DATE OF DEATH TURE 18 19 76 81 8:15 P. 1
	22.1 DERTIFY that death occurred on the date above stated; that I alterded deceased from
6.(b) Name of husband or wife	27. I Extirit that death occurred on the date above stated; that I alterded deceased from
7. Birth date of	ars (
deceased (mo., day, yr.) Dec 16, 1932	
8. AGE: Years Months Days If less than one day	Immediate cause of death
13 6 2hrsmi	a for the same of
8. Birthplace Court ber and Allegany, Md (Town, county, and spate)	Oue to Oue to
	- Comment of the second
10. Usual occupation <u>SCGQQ</u>	Due to.
11. Industry or business	
12. Name Holly Hite 13. Birthplace W. Va.	Other conditions
13. Birthplace W. Va.	
	(Include pregnancy within 8 months of death)
	Major findings of operations
15. Birthplace Cumberland, Md	
16 Informant Mrs. Using Starley	Autopsy results
- 0 04 - 1 1/1 1 - 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or crematory Green mon 4	Where did lojury occur?
Location Comperson Ser Jon d. Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director John To Hope	Means of Injury lojured at work?
Address Edubeland tod.	" (NHIlle Zan
AND CONTRACTOR OF THE PROPERTY	- I was a sure of the sure of
	23. SIGNATURE
19 June 21, 18 46 J. P. Tranklen, M. J. Registri	M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

RECEIVED

JUN 25 1946

BUREAU V 8.

SHAME SHOWING THE SHOWING

2411 N. Charles St., Baltimore

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CERTIFICAL	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3.(a) FULL NAME David L. Wornick	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH TO A C 16 19 46 21 5/30 A. M
6.(b) Name of husband or wife. Rosa Wara ak	21. I CENTIFY that death occurrence the date above stated; that a stended deceased from
7. Birth date of 6.(c) If alive, give age years deceased (mo., day, yr.)	Ent that I tast saw h dive on June 14 19
8. AGE: Years Months Days It less than one day	Rerestal Remarkage Thay
9. Birthplace Garrett Co. Maryland (Town, county, and state)	Due to.
10. Usual occupation Lasar Foreman 11. Industry or business C, 4, of Cum her land	Due to.
12. Name Tackson Warnick 13. Birthplace Unknown	Other conditions
14. Maldeo name Mary Williams	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Engloyd 16. Informant 1712. Elizabeth Scott.	Antopsy results.
Address 451 Walnut Sto, Cumberland.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
(Burial, eremation, or removal, Which?) Date thereof Tune 19, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or crematory 1003 = Hill Commetery Location Commeter land, Md.	Where did injury occur?
18. Funeral director.	Means of Injury Injured at work?
18 Jane 19, 18 46 J. P. Franklin M.S.	23. SIGNATURE A. M. D. og other M. D. og other

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

RECEIVED
JUN 25 1946.
BUREAU V 8

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33)

CERTIFICATE OF DEATH

* (1550.3°

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	
City or town	1 4 - 1 / //
How long in above place of Weath? 25 J	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	115 (-16)
	Street No. (If rayal, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME alexander Fran	3.(b) Social Security Number 2/6-22-17208
4. Sex 5. Color or race; 6.(a)Single, married, widewed, of divorced	MEDICAL CERTIFICATION
male Tital manued	20. DATE DE DEATH JUNE 3 19 46 , 81/2 / 847
Jose Mede	21. I CERTIFY that death occurred on the date above stated; thal I atlended deceased from
B.(b) Name of husband or wife	Mas 14 1846, 10 That 3 1846
7. Birth date of	and that I last saw h AZZ alive on 1944
deceased (mo., day, yr.) Jake 2, -1891	Immediate cause of death DURATION
8. AGE: Years Months Days tiless than one day	Mughtantin Serval
63 5 2 Ambrs. min.	U-las
for the formal his	Q
9. Birthplace (Town, county, and state)	Que to
10. Usuat occupation Canadaher	*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Due to
11. Industry or business	
12. Rame Alexander J. Washington 13. Birthplace Conf / Frency	Other conditions
13. Birthplace Coul Present	(Include pregnancy within 3 months of deuth)
14. Malden name Masy Luras	Major findings of operations
Is. Birtholace Conf. / June	Date of op.
18. Informant Mrs Colsed Stars	Autensy results
ACT + ICHI INV	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address I Co freshout St / eyper 10/10	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whichild (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location The Thirty	Injured at home, farm, industry, public place (where?)
as the Day of Marker	Meene of Injury Injured at work?
18. Funeral director	MAMO (\sight)
Address Arching life.	23. SIGNATURE DILL FORD SOLVE
19 6/4 1,46 S. M. Price	M. D. or other
(Date rec'd by registrar)	Address That well Mil Date signed 6 5 TY

RECEIVED

JUN 7 1946

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5)-8)

CERTIFICATE OF DEATH

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Reg.

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Diat.	No	.	4

1. PLACE OF DEATH LANV	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MARYLAND MARYLAND	Stale MARYLAND County ALLEGANY
City or town	" CIMPERIAND
How long in above place of death?	City or town
Hospital, Institution, or street address where death ogrurred:	Street No. 513 AVIRETT AVE.
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Olver Waters	2 579-12-0760d
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /
MALE WHITE WIDOWED	20. DATE DF DEATH JUNE 30, I946 4:50 A.M.
6,(6) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of	and that I last saw h.1.7%alive on
deceased (mo., day, yr.) MARCH I6 /8 66	Immediate cause of death DURATION
8. AGE: Years Months Bays If less than one day 3 14hrs	in. Caringua Proximily ?
Washington S. C. (Slessactown)	Bue to
10. Usual occupation RETIRED	
$\mathcal{D} / \mathcal{D}$	Due to
11. Industry or business # Mussilver	(1) 10 in VI said
12. Name. JOHN A. WATERS	Other conditions
THE RESERVE TO THE PARTY OF THE	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiadings of operations.
	Bate of op.
16, Informant	Aatopsy results
Address ET7 AITTORNE AITE OFFICEDIOT AND	PHYSICIAN: Please underline the cause to which death should be charged statistically.
OLD AVERTILE AVE. COMPERDAND.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof	Accident, suicide, or homicide
Cemetery or crematory And Olised Cim	Where did injury occur?
Wall to all	Injured at home, farm, industry, public place (where?)
U . 'K+' . O	Means of injury / Injure Cat work?
18. Funeral director	TE WYOS,
Address Comberland Ind.	To conveying Product of ear, hell
Quel 1 46 1 P. Freuble in m.	23. SIDNATURE M. D. or other
Deteror'd by registrar)	Par Address Charles Charles Address Date signed 7-1-4



Outside of City Limits

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Physicians: 1

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Address

(Burial, cremation, or removal, Which

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore The

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g.	Di	st.	N	ο.		 1	
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CERTIFICATE OF DEATH 1. PLACE OF DENTH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Hospital, Institution, or street address where death occurred (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 6.(b) Name of husband or wife 6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Immediato cause of death Years If less than one day 8. AGE: 10. Usual occupation. 11. Industry or business 12. Name.....4 (Include pregnancy within 3 months of death) 14. Maiden na 14. Maiden name 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically.

1B. Funeral director.

Registrar

Date thereof.

(month) (day) (year)

Meens of Injury

Where did injury occur?

22. VIOLENCE: It death was due to external causes, fill in the following;

Injured at home, farm, Industry, public place (where?)

(City or town)

Accident, suicide, or homicide,.....

M. D. or other

(County)

Injured at work?



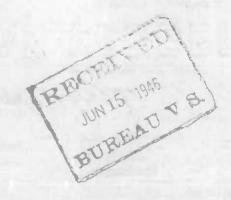
2411 N. Charles St., Baltimore //

CERTIFICATE OF DEATH

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	Reg. Dist. No
1. PLACE OF DEATH: allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown (It outside city or town/limits, write RURA) and give noticest town) How long in above place of dealh?	State Many Land County County County City or town (15 safeide city of town limits, write HURAL and give nearest town)
How long in above place of need address where death acturred:	Street No. 35 Charles Street (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Convily Morgan Shith	3. (b) Social Security Number
Female Thite Plarned	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sume 10 18 46, at 6:20 2.8
8.(6) Name of husband or wife alas O. Whitfield	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth dale of deceased (mo., day, yr.) Grag 7. 1893	and that I last saw harden alive on John Ton The 1964
8. AGE: Years Months Days If less Ihan one day 52 3	Immediate cause of death DURATION
9. Birthplace John Manny and stage Jos. Allegany Cos. All	Duo 10.
10. Usual occupation. A Tuseworkel	Due 1o
H 12. Name Hubert It organ	Other conditions
13. Birthplace angland 14. Malden name Infriorm Oknight 15. Birthplace England	(Include pregnancy within 3 months of death) Major findings of operations.
Elling political	Autopsy results.
Address Am aconing, Md.	PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Dale thereol	Accident, suicide, or homicide
Cemelery or cremalory, Company of the Common	Where did injury occur?
18. Funeral director M. Enich Moran	Means of Injury Injured at work?
stune 13 1946 Dr. I. Don ingle	23. SIGNATURE LANGE M. DI or other
1946 Ora A, Oon you	Address of the State of Assault 1964 Bala clarade see 11 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. H MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore (860)

CERTIFICATE OF DEATH

* (!55964

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany City or laws	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or 10wn	City or town (If outside city or town limits, write RURAL and give rearest town) Street No. 6.30/2
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) 1 vetoran, namo war
3.(a) FULL NAME mary a Wiela	3. (b) Social Security Number
4. Sex 5. Color or raco & S. W. Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 3 19 46 21 6 P. M.
8.(b) Name of husband or wife Sitts Williams	21. I CERTIFY that wath occurred on the date above stated; that atlended deceased from
7. Sirth date of deceased (mo., day, yr.) POV. 76 1857 R AGE: Years Months Days 11 less than one day	and that I last saw he fallive on
8. AGE: Years Months Days It less Man one day 9	Bronclo-Treumania 3 day
9. Birthpiace	Fracture of right
10. Usual occupation	Oue to Jellout of bel
12. Name Way Lloyd Pod	Other conditions
14. Maiden name Inartha Inalland 15. Sirthplaco	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Suns Itelem Your	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Comperland 17. Brisk a Date thereof Jame & 46	22. VIOLENCE: If death was due to external causes, 1ill in the following;
(Burial, cremation, or removal, Whigh?) Cometery or crematory	Accident, suicide, or homicide
Location Of Construction	Injured at homo, farm, industry, public place (where?) Means of injury Injured at work?
Address Completing	The Allians
18. June 7 18 46 Je P. Franklin M. 2. Registrar	Addres Curveland noto signed 6 6 46

WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

JUN 11 1946
BUREAU V.S.

UNFADING TNK Supply every item of information carefully cant. Physicians, please write the causes of death clearly and

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PUEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-6

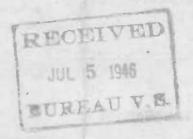
E OF DEATH

Lin Sec.	0559	7.
Reg. I	Dist. No	4
HOME) OF DECEASED to residence of mother)	:	
County Alle	gany	************************
berland or town limits, write RURA		rest town)
ol St. (If rural, give LOCATION)		
3. (b) Soc	ial Security l	Number
DICAL CERTIFICA	TION	
ine 28,	1946	at /5:35 A M
on the date above stated: that	attended decea	sed from
19 to	.8.	19 4 6
dis falle	~~	DURATION ardle
Lanussia		X 93 5
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	•••••	

ancy within 8 months of death)	
Dat	***************	
he cause to which death shoul		statistically.
to external causes, fill in the fo		
•••••	Date of	******************************
City or town) (Con	inty)	(State)

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me state Maryland Country City or town
3.(a) FULL NAME Thomas William Willetts	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Married Married	MEDICAL CEI
6.(6) Name of husband or wife Hannah Whitefoeld Willetts B.(c) If alive, give age 67 years 7. Birth date of deceased (mo., day, yr.) May 21, 1875 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above
71 1 7 hrsmln. 8. Birthplace England (Town, county, and state) 10. Usual occupation Retired Janitor	Due to general ance
11. Industry or business Allegany High School E	Due to
16. Informant Mr. Earl Willetts	Autopsy results
Address LaVale Cumberland, Md. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Hill Crest Cem.	22. VIOLENCE: tf death was due to external cause Accident, suicide, or homicide
Cumberland, Md. 18. Funeral director Charles L. George Address Cumberland, Md. 19. July 1, 1946 J. P. Tranklin, M.D.	Injured at home, farm, Industry, public place (when Means of Injury 23. SIGNATURE

	Thore
MEDICAL CEI	RTIFICATION
20. DATE OF DEATH	19. 46. at 10:36A M
21. I CERTIFY that death occurred on the date above	
<u> </u>	, to
and that I last saw hallve on	ne 25 19 76.
Immediate cause of death	DURATION
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Mitro slennes	
Due to General and	assia X gas
<u> </u>	
Due to	
Other conditions	
(Include pregnancy within 3 mo	nths of death)
Major findings of operations	
***************************************	Date of op
Autopsy results	
22. VIOLENCE: tf death was due to external cause	s, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (when	e?)
Means of Injury	Injured at work?
R	Cul I has.
23. SIGNATURE	M. D. or other
Address 3 (Meene)	Date signed / - 4



2411 N. Charles St., Baltimore 139

115598

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Reg.	Dist.	No.	 1

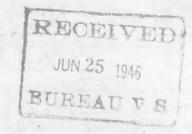
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(M)	Teet
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib MARGIN RESERVED FOR BINDING

age	DR.	HODGES
M) to		

CERTIFICATE OF DEATH	CERTI	FICA	TE OF	DEA	TH
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2411 N. Charles St., Baltimore Para

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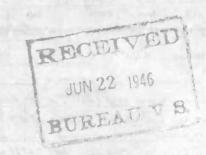
CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany		Reg. Dist. No	
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How long in above place of death? How long in above place of death?	City or town (If outside city or town limits, write RURAL and give pearest town)	/ / / 7 ~	
Street No. 508 13 13 15 16 16 16 16 16 16 16		City or town Curidadity or town limits write PURAL and since	
How long in hospital or institution? 3. (a) FULL NAME To zeph Cyril Yost 3. (b) Social Security Number 232-/0-0372 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF BEATH. June 17 19. 46. a3. 40 An 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 19. 46 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 20. DATE OF BEATH. June 18 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 22. Date of Certification Severe Cerebral congestion Due to Dresistent vomiting 1 week 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 9 19. 46 to June 17 21. I CERTIFY that death occurred on the date above stated; that I attended decassed from June 19 22. I CERTIFY that death occurred on the date above stated; that I att	Hospital, Institution, or street address where death occurred:		2
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6.(6) Name of husband or wife. Anc. E. Toss. 6.(6) Name of husband or wife. Anc. E. Toss. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 42 // // 3 hrs. min. 9. Birthplace Torqua Co. W. Vo. 10. Usual occupation (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business W. 100 occupation (Town, county, and state) 12. Name To 2 c p 2 w. Vo. 13. Birthplace Morgan Co. W. Vo. 14. Industry or business W. 100 occupation (Town, county, and state) 15. Week 16. (include pregnancy within 3 months of death) 17. Usual occupation (Include pregnancy within 3 months of death)			
8. (b) Name of husband or wife Ange E. Tross 6. (c) It alive, give age 40 years deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 42 Industry or business Wella occupation (Town, count, and state) 9. Birthplace Town, count, and state) 10. Usual occupation (Town, count, and state) 11. Industry or business Wella of Teleg Rooph C. 12. Name Town of the date above stated; that I at lended deceased from June 9 19. 46 to June 17 19. 46 11. Industry or business well as the latter of the late above stated; that I at lended deceased from June 9 19. 46 to June 17 19. 46 12. Name Town of the late above stated; that I at lended deceased from June 9 19. 46 to June 17 19. 46 13. AGE: Years Months Days It less than one day Severe Cere brail congestion 12 hrs 14. Industry or business Wella of Teleg Rooph C. 15. Birthplace Town of the date above stated; that I at lended deceased from June 9 19. 46 to June 17 19. 46 16. Due to June 17 19. 46 18. AGE: Years Months Days It less than one day Severe Cere brail congestion 12 hrs 18. AGE: Years Months Days It less than one day June 16 19. AGE: Years Months Days It less than one day June 16 19. AGE: Years Months Days It less than one day June 17 19. AGE: June 18 10. Usual occupation June 18 10. Usual occupation June 19 10. Usual occupation June 19 11. Industry or business Wella about 6 hrs 12. Name AGE: June 17 13. Birthplace June 18 14. AGE: June 19 15. AGE: June 19 16. June 17 19. AGE: June 19 19. A	M Married		7 40 4
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11. Industry or business West Date Te leg Rooph Co. 12. Name To 2 e p 4 W. Yout 13. Birthplace Morgan Co. W. Va. (Include pregnancy within 3 months of death)	9. Birthplace 7 (Town, count), and state)	Due to Convulsions abou	t 6 hrs
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2 13. Birthplace Morgan Co. W. Va. cholecystitis 1 Week			•
(include pregnancy within 3 months of death)	12. Name 103 ep 4 1/2. Yost	Other conditions Acute infectious	
(include pregnancy within a months of death)		cholecystitis	1 week
T 14. maigen name	14. Maiden name Mary Al Allen		
14. Maiden name /2019 Hilen Major findings of operations. Date of op.	15. 8irthplace W. Va		· · · · · · · · · · · · · · · · · · ·
16. Informant Mr.s. Hane E. Yost Autopsy results.	16. Informant Mrs. Hore E. Yost		
Address 508 Linden St. Cum berland, Md PHYSICIAN: Please underline the cause to which death should be charged statistically.		PHYSICIAN: Please underline the cause to which death should be charged	statistically.
22 VIOLENCE. It death was due to external causes till in the following:		22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof. June 20 1946 (month) (day) (year) Accident, suicide, or homicide	(Burlal, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory Mt. Tazor Cemeter y Where did Injury occur? (City or town) (County) (State)	Cemetery or crematory Mt. Tabor Cemetery	Where did injury occur?	(State)
Location 6 min south of Berkley Springs W. Va. Injured at home, farm, industry, public place (where?)	Location 6 min south of Berkley Springs, Wila,		por roo 000 000 000 roo 00 00 00 00 00 00 00 00 00 00 00 00 0
18. Funeral director. They I the See	18 Sugard Hunder Tokes I. Hofee	Means of Injury Injured at work?	
Address Canal Lee Poll of Area of	10. I white at an ector of the same of the	4442	1
19 June 19, 19, 46 J. P. Franklin M. S. 23. SIGNATURE H. V. Deming M. D. N. D. or other	19 Lune 19 1946 J. P. Franklin M. S	м. р.	or other
(Date rec'd by registrar) Registrar Address 125 Bufferd 6 Date signed 6 17/46	(Date rec'd by registrat) Registrar	Address 12.5 Beefford 5 Date signed.	2-17/46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE



a Salvana Land Carlo